IS ABC MESSAGE STILL EFFECTIVE IN THE CONTEMPORARY UGANDA? A SOCIAL-CULTURAL AND GENDER PERSPECTIVE

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By:

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INTRODUCTION

I am indeed privileged to associate myself as a panelist with this historical 3rd Session of Uganda Think Tank on AIDS. My presentation will focus on social, cultural, gender and human rights perspectives of the effectiveness of the ABC approach to HIV/AIDS prevention.

HIV INFECTION LEVELS

Uganda has had unique success in reducing the prevalence rate of HIV infection. The national prevalence peaked at around 15 percent in the early 1990s and reduced to 7 percent (UHSBS 2005). Eighty four (84) percent of the infections in Uganda are through sexual transmission. One of the tragic consequences of HIV/AIDS epidemic has been on its effects on women. Cohort studies show that HIV incidence rate declined steadily in general population, particularly in females in 1990s. It also came out clearly that the incidence rate among females has been higher than males since 1998, implying that women are more susceptible to new infections (UAC 2004). Women are more likely to have HIV infection than men (UHSBS 2005) shows 7.9 percent of women have HIV compared to 6 percent of men. HIV infection exhibits age and rural - urban dimensions. Although for both sexes HIV infection levels are highest among those in 30s and 40s, it was higher among young women 3.2 percent as compared to men 1.2 percent among the ages of 15 – 19 years.

FACTORS FUELING HIV INFECTION

Women and girls' vulnerability to HIV infection is greater than that of men and boys due to socio, cultural and economic factors. These include the following:-

- Women are more susceptible to HIV infection because of the vulnerability of the reproductive tract tissues to the virus, especially in young women. Biologically, young women are particularly vulnerable because their immature genital tracts may tear during sexual activity, creating a greater risk of HIV transmission.
- Men and women have a greater risk of acquiring HIV in the presence of sexually transmitted infections (STIs). However, STIs in women are less noticed and often go undiagnosed. The stigma of STIs in women can also discourage them from getting treatment.
- Cultural, social and economic pressures make women more likely to contract HIV infection than men. Women are often less able to negotiate safer sex due to factors such as their lower status, social expectations, economic dependence and fear of violence.
- There are differences in societal attitudes towards men and women's sexuality before or outside marriage. Promiscuity in men is often condoned and sometimes encouraged, while it is usually frowned upon in women
- Young women and girls are increasingly being targeted for sex by older men seeking safe partners and also by those who erroneously believe that a man infected with HIV/AIDS can get rid of the disease by having sex with a virgin. (Cross generational sex)
- Young women often have less decision-making power regarding sexuality than adult women, especially because they tend to have older male partners. These men "sugar daddies" are normally better off and able to provide the women with things they cannot otherwise afford such as clothes, cosmetics and even school fees.

Despite the above, men are also at risk of HIV/AIDS infection. Results of the Sero surveillance indicate that among the 15 – 49 year old, 18.2 percent and 39.4 percent female and male respondents respectively reported having had sex with non-marital, non cohabiting partners. Men are expected to be physically strong, emotionally robust, daring and virile, think of themselves as independent, not needing to be nurtured by others, unlikely to ask others for help and would face danger fearlessly. These expectations translate into attitudes and behaviours that endanger the health and well being of men and their sexual partners. Other factors include:-

- Many societies subscribe to the ideas that women seduce men into having sex for instance by the way they dress and that men cannot resist women because their (men's) sexual needs are strong.
- Cultural beliefs and practices that men should be responsible for decisions about where, when, how and with whom to have sex.
- Culture also condones men having more sexual partners than women, including extramarital partners. (Current debate on Domestic Relations Bill)
- Risk taking behaviours such as alcoholism, drug and substance abuse that may predispose them to the risk of acquiring HIV/AIDS.
- Like young women, young men are in process of establishing their sexual and gender identities and are more at risk because of pressure groups, and the desire to experiment.
- Idleness, redundancy and unemployment among people that leads to frustration, boredom and expose people to vulnerable situations.
- Discriminatory programmes targeting only women which intends to invoke rage and hostility among men. Culturally men's identity and pride are based largely on their roles as household head and protectors of families.

THE ABC APPROACH: EFFECTIVENESS, ISSUES AND CHALLENGES

There is evidence to show that Uganda's successful decline in HIV prevalence was associated with positive changes in ABC behaviours (Okware 2004, UAC 2004). Key messages have been, that risk could be avoided altogether by avoiding any sexual activities that could cause transmission of HIV (**abstain**). The risk could also be reduced, through avoiding sexual intercourse other than with mutually faithful and uninfected partner i.e. **be faithful**) or through the correct and consistent use of condoms (**condomise**) for those who continue to engage in risky behaviours.

Abstinence and Being Faithful

Abstinence and being faithful to one sexual partner has been an integral part of behaviour change. Communication messages in Uganda from the time Government showed commitment to HIV infection reduction have emphasized abstinence. Abstinence programmes have also been implemented by Civil Society Organisations particularly Faith Based Organisations and Cultural Organisations. The strategy has been directed to young people as an effective way of promoting abstinence until marriage. Consequently evidence is available that reporting of virginity increased for a period of 1989 to 2001 from 25 percent to 47.8 percent for girls and 30 to 60 percent for boys for ages between 15 – 19 years. Abstinence has also led to delayed age at first sexual debut from 17.3 percent to 17.9 for girls and from 18.3 to 19.1 for boys (UHSBS). Sexual deferral is in itself a determinant of subsequent sexual behaviours. Later sexual debut may be associated with fewer partners in adulthood (Dr. Wilson 2004).

Being faithful to one partner has been an integral part of ABC strategy. Reportedly, there have been reduced numbers of non-regular sexual partners among the married women and

men. Despite this however, key issues to note about abstinence and being faithful are as follows:-

- Abstinence for girls is unrealistic in an environment where boys are encouraged to be sexually aggressive and girls are socialized to be submissive.
- Abstinence until marriage is not a guarantee that the individuals especially the women will not be infected. In our society, young girls are forced into marriage at an earlier age to older men, who probably are already infected. Voluntary counselling and testing would be away out. But results of UHSBS indicate that there has been an increase in the proportion of Ugandan women who have been tested for HIV virus, from 8 percent in 2000/2001 to 15 percent in 2004 (UDHS); while the proportion of men who have received voluntary counselling and testing remained at 12 percent in both surveys.
- Being faithful in marriage does not ensure safety. Marriage does not provide protection from infection. Many people especially women are unsure of the status of their partners and those who are faithful cannot be certain about the commitment of their partners.
- Abstinence is not an option for millions of women who are in difficult circumstances and who for no choice of their own find themselves in compromising situations. These circumstances include:-
    - Rape, defilement including child sexual abuse. The reports from police indicate that in Kampala, in 2003/2004 rape and defilement were the most frequently reported cases.

    - Research on Sexual and Gender Based Violence in Pabbo Camp (2005) indicated that rape and marital rape were the most common crimes. Women are assaulted by their would-be-protectors, strangers and husbands. Women, young girls, elderly and the infirm as well as unaccompanied children are raped; many while performing their gender roles such as fetching water and firewood. However, there is also consensual sex in exchange of protection, shelter and food.

- Abstinence is not realistic for women in abusive relations and are culturally socialized to obey men. Many women for fear of violence from their partners risk the infection.

Condom use

In Uganda, Condom use, as part of ABC strategy has been mainly promoted for people engaged in risky behaviours, and discordant couples for protection against sexual transmission of HIV. Controlled scientific studies have demonstrated that condoms are put to 98 percent effective in preventing HIV transmission when used consistently and correctly (Global HIV Prevention Working Group 2003). Evidence on the ground shows that many more men than women are engaged in high risk sex. UHSBS revealed that 39.4 percent and 18.2 percent of 15 – 49 year old male and female respectively reported engaging in sex with non-marital and non-cohabiting partners. Of these 40.5 percent and 49.5 percent of women and men respectively used the condom the last time they engaged in risk sex.

It is important to note that a condom can help to curb the spread of the HIV only if it is used and correctly. Key issues to note about condom promotion are:-

- Male condom which remains an essential component of ABC Strategy is controlled by the males and women may not be in position to negotiate its usage.

- The female condom which was launched in 1990s was meant to provide women with a protective measure they can control. However, factors such as relatively higher costs compared to the male condom, myths and perceptions have hindered its usage.
- Availability of the condom particularly by the poor people is critical hindrance. Some studies in Uganda (UNAIDS and UNICEF 2003) indicate that male condom is easily accessible, often found in the nearest shop at a cost of 100 – 500 Uganda Shillings. In the same study, 75 percent of the people reported openly carrying the condom and 4 out 10 reported using the condom correctly. However, at the global level, UNFPA estimates (UNAIDS 2004) the current supply of condoms among the low and middle income countries fall 40 percent short of the number required. Uganda is a poor country with a fragile economy, heavily relying on Western Aid to meet its expenditure. Unfortunately, international funding is also declining implying a need to reexamine our investment choices.
- Usage of condom is low, despite the knowledge about it. This is attributed to myths and misconceptions as associated with the condom usage such as reduced pleasure, etc.

Obstacles and challenges

From the above, it is clear that ABC Strategy has contributed to reduction of HIV infection. There is evidence to show that positive change has been associated with all the three components of ABC. The three components are used to complement each other and not merely independent of each other because each is associated with challenges.

The current obstacles and challenges include:-

- The stagnation of the current prevalence rate of HIV infection, calls for ABC messages reexamination.
- The ongoing bickering among proponents of AB and those of C about the supremacy of the efficacy of one against the other. This is exacerbated by lack of comprehensive policy on ABC to guide actors.
- Unclear and undefined ABC messages. There is lack of clarity on what is contained in ABC strategy among different implementers.

RECOMMENDATIONS

The following recommendations will go along way reinvigorating the ABC Strategy:-

- There is need to consolidate ABC approach by addressing the challenges associated with each of the components.
- IEC messages should be context specific, well targeted and relevant to situations. For example messages to young people should emphasize life skills and self esteem development, adoption of healthy behaviours, greater responsibility, healthy choices, how to resist negative peer pressure and minimize harmful behaviours. Information should target both boys and girls.
- While negative peer pressure can fuel spread of HIV infection, positive "peer pressure" can help to control it. Continue to encourage solidarity peer groups for peer support and counselling. We need to scale up Post Test Clubs, Pure Love Clubs and Virginity Solidarity Clubs/groups

- Interventions to reduce the spread of HIV infection should focus on addressing individual behaviour and societal factors and vulnerabilities that predispose certain categories of people to HIV infection.
- Explore possibility of utilizing our rich and positive cultural attributes to promote ABC approach. For example
  - (i) our culture bestow on a man as head of household, protector of other household members. Men should be encouraged to use this attribute to protect women and girls from HIV infection.
  - (ii) promote virginity as a positive attribute.

- There is need to harmonise AB and C approaches through a policy framework and strategy to guide the different stakeholders.
- Political commitment and leadership on ABC should percolate through the leadership structures. Leaders at all levels should be involved in the dialogue, harmonise their positions and provide visible leadership for ABC model.
- **At the individual level, men need to be targeted.** Through socialization, both men and women are subject to ideas about what is normal behavior for women and men; what are 'typical' feminine and masculine characteristics; and how women and men should behave in particular situations.

As a way forward, men need to be involved in prevention and education, and empowered to adopt healthier sexual behaviour to stop violence against women, protect their lives and lives of their partners. This requires a concerted effort by leaders at the highest level. They need to "speak out as friends, parents, partners and citizens", to affirm their commitment to fight AIDS and to lead by example.

Lastly, efforts must be made to sustain and scale up other interventions targeting reduction of HIV infection through non-sexual transmission so as to protect particularly the care givers and young babies born of HIV positive mothers.

CONCLUSION:

ABC model is still relevant in Uganda. AB is not new message because it is based on traditional and cultural beliefs of most societies. Use of condom should continue to be promoted for the relevant sections of the community. The bottom line however is for each individual to change risky behaviors, to protect his/her life, and the life of their partners.