

**Green, Edward C., "Culture Clash and AIDS Prevention."  
The Responsive Community.  
Vol. 13(4); 4-9 2003.**

While attending a recent international health conference, I sat in on a session on AIDS prevention. Out of the four scheduled presenters, only one, an American, showed up to speak; the other three, all African, could not attend due to travel problems. The American speaker spoke about HIV transmission among gay men, using the word "homophobia" about a dozen times. The audience, mainly from Africa, Latin America, and the Caribbean, seemed unresponsive, and while there was at least 90 minutes left for a Q&A session, no one said a word. The situation seemed a bit awkward. The session moderator knew me, and perhaps because I was sitting near the front of the room, she asked me if I would like to open up a discussion about AIDS prevention. So I commented on the different patterns and dynamics of transmission between AIDS in America and Africa, and told the audience a little about Uganda's simple, low-cost ABC program, led by President Museveni: Abstain, Be faithful, or use Condoms if A and B are not practiced. The abstinence message urged youth to delay having sex until they were older, preferably married. There was a deliberate attempt to fight stigma and discrimination associated with AIDS, and to generate open and candid discussion about the epidemic everywhere, down to the village level. Information about AIDS and how to avoid it reached local communities through culturally appropriate means of communication involving local leaders, indigenous healers, drama, and song. There was AIDS education in the primary schools. Christian and Muslim faith-based organizations were involved from the beginning of the national response, and they were particularly adept at promoting abstinence and faithfulness. The government took concrete steps to empower women so that they could refuse unwanted sex.

The result? Since the program's inception, Uganda has experienced an unparalleled two-thirds reduction in national HIV infection rates, and in 1989, the new infection rate began to decline. Western experts began showing up a few years later.

The audience was immediately full of questions: Why had they not heard more about these interventions? Why don't we involve religious groups and schoolteachers more in AIDS prevention? How can we prevent seduction of schoolgirls by older men? How can we get husbands to stop running around and then infecting their wives? Just as the audience had no comments about the presentation they had just heard, the American who had made the presentation had no comments about this new topic that so animated the audience.

This illustrates not only the very different types of epidemics found in two regions of the world and therefore the different responses needed to address

them, but also a clash of cultures and values between the West and Africa. Africans and others in the audience thought that promotion of fidelity and abstinence was exactly the right response to AIDS, whereas this is usually thought by Westerners to constitute unwarranted infringement in people's personal lives. Some of my colleagues call this approach "missionary terrorism," designed to interfere with people's right to experience having multiple sexual partners. The American and indeed Western model of AIDS prevention is to leave sexual behavior alone, but reduce risk by promoting condoms and treating the curable STDs (since these facilitate transmission of HIV).

How has the Western risk-reduction model fared in Africa? There is no evidence that mass promotion of condoms has paid off with a decline of HIV infection rates at the population level in Africa, according to a new UNAIDS assessment of condom effectiveness. In fact, countries with the highest levels of condom availability (Zimbabwe, Botswana, South Africa, Kenya) also have some of the highest HIV prevalence rates in the world. Still unknown is the impact of the other relatively expensive AIDS prevention programs we now fund, namely widespread treatment of STDs or voluntary counseling and testing. We know that these programs, along with condom social marketing, had not yet started in Uganda when infection rates began to decline. This does not mean they might not have contributed to HIV prevalence decline in later years. In fact, even though only 8% of Ugandan men and women were using condoms regularly by 2000, those who were using them were exactly the ones that needed them: sex workers and the few men who still had multiple partners.

To understand why the major donors continue to pour millions of dollars into risk reduction while largely ignoring the evidence from Africa, it is useful to review some recent history. Western donor organizations and the groups they fund began implementing "behavior change communications" programs in the Third World in the mid-1980s, soon after American AIDS activists felt they had discovered how to defeat AIDS in San Francisco and New York. Of course, the very term "behavior change" suggests that outsiders know what is best for Africans, that Africans are misbehaving and need to change their behavior, and that outsiders will show them the way to behave. Yet now that we have comparative data, we know that African and American sexual behavior is not very different. There are subgroups of Africans and Americans who have a great many sexual partners, but most people in both populations do not.

When Americans designed interventions for Africans, the only prevention model available was the risk reduction model that had been designed in the United States for special high-risk groups. The model's premise was that we cannot change the behavior of gay men (or drug addicts), therefore the best we can do is reduce risk through condom promotion (and needle exchange for addicts). This model seemed to work relatively well in the 1980s, although infection rates are rising again among gay men in America. Nevertheless, since the mid-1980s, this model has been applied to populations where most of those infected are not

in special high-risk groups but instead in the majority population. In short, we provided American solutions for Third World populations. Once the risk reduction model was launched in Africa and the developing world, it assumed a life of its own and became the unchallenged paradigm for global AIDS prevention.

The risk reduction approach also involves the promotion of "safer sex" practices such as mutual masturbation and oral sex, if not male-to-male sex, even though all these practices seem to be comparatively rare in Africa. Some Westerners see this as liberating Africans from outmoded and perhaps repressive sexual norms. What Americans and Europeans forgot when designing these approaches is that African cultures are still largely bound by tradition and religion, and that they have not undergone the general sexual revolution, and certainly not the gay-lesbian revolution, of the West. This should have been Anthropology 101.

In the minds of Western AIDS activists and public health professionals, no one should judge someone else's sexual behavior. This leads to "moralizing" about behavior, and which should not have any place in public health. Yet Ugandans who turned around their AIDS epidemic did not know they were supposed to remain value-neutral. In a BBC interview in August 2002, Museveni recounted how he talked about AIDS at every meeting with the public: "I would shout at them 'you are going to die if you don't stop this [having multiple sexual partners]. You are going to die.'"

Forms of sexual behavior highly relevant to HIV transmission, such as rape, coercion, and seduction of minors, take us into the realm of morals or at least ethics, whatever our objections. Issues involving questions of right and wrong may well require an ethical or value-related answer. Ellen Goodman has wondered whether in the American transition from a more religious to a more secular society, we have somehow given ourselves a "moral lobotomy." She asks whether, due to our reluctance to being considered judgmental, "are we disabled from making any judgment at all?" To avoid a fatal disease fueled by having multiple sex partners, good judgment dictates that people have fewer partners. Common sense should not be dismissed as moralizing.

Apart from Western values and biases, there are economic factors to consider. AIDS prevention has become a billion dollar industry. Under President Bush's global AIDS initiative, the US will spend \$15 billion, partially on prevention. It would be politically naïve to expect that those who profit from the lucrative AIDS-prevention industry would not be inclined to protect their interests. Those who work in condom promotion and STD treatment, as well as the industries that supply these devices and drugs, do not want to lose market share, so to speak, to those few who have begun to talk about behavior. Put crudely, who makes a buck if Africans simply start being monogamous?

Financial interests aside, it is tempting to rely on quick technological fixes to complex problems involving human behavior. Condoms and STD drugs can be

procured, promoted, and distributed, and all of this can be counted easily. With condoms and pills we have ready-made monitoring and evaluation measurement units, and these units are already familiar from decades of experience with family planning programs. USAID often comments that it has a "comparative advantage" in the condom supply and promotion part of AIDS prevention. Yet other major donors could also make the same claim, leaving no one with a "comparative advantage" in promoting non-contraceptive, non-drug interventions focused on simple behavioral change. In fact, faith-based organizations have exactly this interest and capability, but they are usually excluded from donor-funded participation in AIDS prevention. Western experts, who often have backgrounds in AIDS activism and contraception, are predisposed to be suspicious about religious organizations. There is a long history of antagonism between family planning organizations and certain religious groups, notably the Roman Catholic Church, and more recently, the "religious right" in America. Some of my family planning colleagues fear that raising any question about condom effectiveness for AIDS prevention is evidence of a larger agenda to cut off funding for all contraception and to oppose the advancement of women's rights.

Part of the whole problem is precisely the "ever-increasing polarization between left and right." Some in the religious right have in fact attacked broader contraception and progressive social programs in the same breath as they have attacked the condom distribution (or "condom airlift") solution to AIDS. This has put liberals so much on the defensive that they will simply not listen to logical public health arguments on the need to address risky sexual behavior in a pandemic driven by risky sexual behavior. Partisans on the left and right are currently fighting over how the newly promised billions for AIDS prevention will be spent. The fight seems to have once again been reduced to condoms versus "abstinence," forgetting that the lesson from Uganda is that a balanced, integrated approach that provides a range of behavioral options is what works best.

Rethinking AIDS Prevention  
Learning from Successes in Developing Countries

Edward C. Green

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Description:

This is not another book about how AIDS is out of control in Africa and Third World nations, or one complaining about the inadequacy of secured funds to fight the pandemic. Edward C. Green, a member of President's Advisory Committee on HIV/AIDS, looks objectively at countries that have succeeded in reducing

HIV infection rates...along with a worrisome flip side to the progress. The largely medical solutions funded by major donors have had little impact in Africa, the continent hardest hit by AIDS. Instead, relatively simple, low-cost behavioral change programs-stressing increased monogamy and delayed sexual activity for young people-have made the greatest headway in fighting or preventing the disease's spread. Ugandans pioneered these simple, sustainable interventions and achieved significant results. As National Review journalist Rod Dreher put it, "Rather than pay for clinics, gadgets and medical procedures-especially in the important earlier years of its response to the epidemic-Uganda mobilized human resources." In a New York Times interview, Green cited evidence that "partner reduction," promoted as mutual faithfulness, is the single most effective way of reducing the spread of AIDS.

That deceptively simple solution is not merely about medical advances or condom use. It is about the ABC model: Abstain, Be faithful, and use Condoms if A and B are impossible. Yet deeply-rooted Western biases have obstructed the effectiveness of AIDS prevention. Many Western scientists have attacked the ABC approach as impossible and moralistic. Some Western activists and HIV carriers have been outraged, thinking the approach passes moral judgement on their behaviors. But there is also a troubling suspicion among a growing number of scientists who support the ABC model that certain opponents may simply be AIDS profiteers, more interested in protecting their incomes than battling the disease. This book is a bellwether in the escalating controversy, offering persuasive evidence in support of the ABC approach and exposing the fallacies and motivations of its opponents.

Endorsement From Dr. Michael R. Reich Director, Harvard Center for Population and Development Studies :

"Ted Green argues with evidence and experience for an AIDS prevention paradigm in Africa based on primary behavior change the ABC approach: abstinence, be faithful, and if not, use condoms. He shows that this approach works, as demonstrated by the case of Uganda, through locally-driven, culturally appropriate, and politically acceptable strategies. Green's book challenges simple-minded approaches to AIDS prevention: it is essential reading for anyone seriously concerned about AIDS control in Africa."Â

Endorsement From Dr. Marc Mitchell, Harvard School of Public Health :

"While the religious right "just say no" and the traditional left "just says condoms" the numbers of people dying from AIDS grows exponentially. Green's approach, based on his in depth analysis of the evidence from Uganda and elsewhere, is a refreshing and important challenge to rethink what really works in stemming this worldwide epidemic."Â

Endorsement From Tom Merrick, The World Bank Institute :

"Rethinking AIDS Prevention is a readable but compelling account of how Uganda turned back its AIDS epidemic. It's a must-read for professionals and lay

audiences who want to learn how and why the ABC approach to AIDS prevention works."Â

Endorsement From Rich Stearns President, World Vision United States :  
"The implications of Edward C. Green's research are profound for global health policy in the midst of this, the greatest pandemic of all time. Shouldn't Africans have access to ALL of the facts about AIDS education and prevention? Green's analysis, demonstrating the efficacy of emphasizing abstinence and partner reduction, with condoms playing a secondary role (ABC), if heeded, might just save millions of lives over the next ten years."Â

Endorsement From Elaine M. Murphy, Ph.D. Professor of Global Health George Washington U. School of Public Health:  
"Green's Rethinking AIDS throws out the bath water but rescues the baby. He refuses to reject recommendations of abstinence and fidelity from religious conservatives simply because they come from this source. The world has been slow to catch on that the successful Uganda AIDS story is about abstinence, fidelity and for others, reducing dramatically their number of sexual partners. These are powerful epidemiologic strategies and once again, Green is a pioneer in bringing the story to a wide audience."Â

Endorsement From Amitai Etzioni, Author of My Brother's Keeper :  
A truly remarkable book. If heeded it will save numerous lives. Honest to a fault. Well documented. Powerfully written. A credit to social science and policy analysis.

Endorsement From Dr. Vinand Nantulya, Senior Advisor to the Executive Director The Global Fund for AIDS, Tuberculosis and Malaria:  
In Rethinking AIDS Prevention, Ted Green shares with the reader his vast experiences in the study of sexual behavior, and argues a convincing case for fundamental sexual behavior change as the cornerstone for reducing HIV infections. This is compelling reading for all.

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List Price: \$39.95Â Â· Â ISBN: 0-86569-316-1Â Â· Â Publication Date: November 30, 2003

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