

**POSITION STATEMENT ON CONDOMS vs. ABSTINANCE AS HIV/AIDS
PREVENTION STRATEGIES IN UGANDA.
JULY 2004**

“The war against condoms in Uganda is misguided and inappropriate and unfortunate in the fight against HIV/AIDS and it should end”

Ugandans agree to the fact that a lot has been done in the prevention and control of HIV/AIDS and to the fact that the country provides a learning success model to the rest of the world. However, it has also been agreed that with 6.2% of Ugandans living with the virus and millions affected by it, it is not appropriate to divert from the sound of drums of danger to sounding the drums of success. It is also agreed that if Uganda’s “success story” is to be told, the right person to talk about Uganda’s success story should be one who will present the opinions and interests of all partners who contributed to the success.

Lack of consensus on what worked

It is not surprising that at this stage, Ugandans, who have hitherto demonstrated a concerted spirit of partnership that has seen a drop in the prevalence rates from over 18 in 1992 to 6.2%¹ in 2002; do not have a common answer to the question of what works. Whereas many agree that the proper implementation of ABC (abstain, be faithful and use a condom) is the explanation, some still interpret it to mean “a simple fact” and they end up over simplifying and equating prevention to ABC. Other people argue that the success of ABC depends on many other factors and it was adapted to the socio-cultural context, while others dismiss or abuse the importance of one or two of the components and prioritize only one or two over the others. Others seem to suggest that Abstinence works for the youth, Being faithful for the married adults and Condoms for prostitutes, migrants and those who cannot abstain or be faithful. While some people think the involvement of people living with HIV/AIDS was crucial, others underscore political leadership and others attribute it to President Museveni’s personal effort. This clearly illustrates that a fair mix of factors built a long partnership efforts, including families and the broader civil society movement were responsible for the success. When looking for the answer therefore one does not need to look for an either-or solution.

The Search for evidence?

Ugandans have opened up battle lines asking each other to provide evidence of what is the answer to the success story. Many of the answers are devoid of scientific evidence. Scientific and statistical evidence on how condoms contributed to Uganda’s success is clear as illustrated below.

¹ Surveillance report

1. In a 13 years (1990-2002)² follow up study on HIV incidence and prevalence in rural South West Uganda where sex is believed to be elaborate, a significant reduction in prevalence and incidence was revealed but there was no reported reduction of multiple regular partners (25% males, 2.5% females), no reduction in the number of casual partners (17% males, 3% females), consistent increase in use of condoms (12-39% males, 4-22% females), consistent increase in condom use in HIV negatives (12-39% males 4-21% females), pronounced increase in condom use for young people 13-19 years (12-45%), 20-24 years (16-47%) and 25-34 years (9-36%), lower but significant condom use in older persons 35+ years (2-12%), high condom use by casual partners (80% males, 60% females) and 50% always use condoms.
2. In a UNAIDS Position statement on Condoms and HIV/AIDS Prevention- July 2004, It was concluded that “Condom is a critical element in a comprehensive, effective and sustainable approach to HIV prevention and their promotion must be accelerated”.
3. In an Local Quality Assurance Sampling³ Monitoring survey report carried out in 19 districts of Uganda on knowledge among young people on ABC as a strategy of HIV prevention, it was indicated that, the youth have more knowledge on condom use (74.8%), than Abstinence (52.3%) and Being faithful (28.2%). It was also found out that condom use among young people with non regular partners was high (55.7%)
4. In the story of AIDS in Uganda⁴ very insignificant statistical changes are reported in abstinence. For example, in the average age for first sexual intercourse (15.9-16.6%-women, 1980-2000 and 17.3-18.5-men, 1995-2000) and that because of the difficulty to determine how many people, who were sexually active are abstaining, the District Response Initiative Action research (2002) deduced that most people between 25-45 years are not abstaining. It is also indicated that by the year 2000 over 20 million condoms had been distributed and by 2001, 62% males and 44% females between ages 15-25 reported use of condoms.
5. The National strategic framework on HIV/AIDS also states that distribution of condoms is an integrated service within the country’s primary health system. President Museveni, in his speech to the African Development Forum (2000), proudly asserted that condom use had increased from 57.6% in 1995 to 76% in 1998, adding that “next year we shall require 80 million condoms”.

² A J Ruberantwari et al, medical research council (U.K) programme on AIDS, Uganda Virus Research Institute, Entebbe, mrc@mrcuganda.org

³ Uganda AIDS Control Project (MAP)2004: Assessment of HIV/AIDS related Knowledge, Practices and Coverage in 19 districts of Uganda October-November 2003.

⁴ Uganda AIDS Commission, Second Edition July 2004,

6. In the National Condom distribution guidelines⁵, all Health workers in Uganda were urged to maximize accessibility of condoms for all Ugandans.

Contradicting views and opinions

Despite the availability of facts and the rich pool of Health and AIDS experts and professionals, many people come up with their own explanations of what works for all Ugandans and highlight some that best satisfies their interests no matter the consequences on the response as a whole. Statements that stigmatize others or even endanger the lives of the very people that we are supposed to work and stand for have been made. It is not true that every one played an equally important role to this success. It is fair to state one's contribution without undermining the contribution of others. It is good to say that ABC worked as comprehensive strategy. It is harmful to "**declare war on condoms**" and underscore that Uganda's "**success was due to abstinence only**"⁶.

The Efforts of the leadership in Uganda is appreciated. However contradictory statements from top leadership are a cause for major concern. It is correct and appreciated to say that in our ABC approach, Uganda emphasized condom use among the married and adults and abstinence or saying no to pre-marital sex for the youth.

It is also true to say that, condoms, when used correctly and consistently provide protection against HIV and STI infection. It is deplorable to say that **condoms good for prostitutes.. migrants, or those who cannot be faithful** and thus imply that those who live with HIV/AIDS **deliberately put their hands in the proverbial ant-hill**. For a country that is faced with a huge HIV/AIDS crisis, such statements will heighten the crisis.

The Consequences

1. In spite of our campaigns, many young Ugandans, even those in schools, live active sex lives, and others, especially girls are subjected to premarital sex by older men. Many girls and women, especially in war and conflict areas are forced or enticed into sex with no choice or power to abstain or be faithful. The high rates of teenage pregnancies say it all. So by declaring war on distribution of condoms among the youth disposes many Ugandans to risks of infection. Although it is good to encourage the youth to abstain until marriage, adoring very moralistic approaches is to pretend that we are not in a secular world and demonstrate our inability to learn from other parts of the world.

⁵ Ministry of Health, STD/AIDS Control Project, may 2004

⁶ What happened in Uganda, a documentary on Uganda AIDS response

It is our responsibility to improve knowledge and effectiveness of condom use in the face of limited options rather than compromise vulnerable groups in the ideal “**non-condomised**” but HIV/AIDS infected world.

2. Turning condom use into a moral issue makes no provision for people living with HIV/AIDS who for the past decades have made condom use part and parcel of their sex lives for purposes of protection against re-infection and infecting others (positive prevention). Faithful and discordant partners use condoms as family planning and prevention measures respectively. They should not be portrayed as social deviants and judged as morally wrong. Such statements only reinforce social stigma, discrimination, denial, fear and silence in the general community. Stigma does not only hurt those suffering from the disease but cause more people to get infected.

Conclusion

Uganda should not be like many countries where practices that fuel the epidemic are on the increase but political leaders are sweeping them under the carpet in the name of morality.⁷

Ugandans are losing strategic leadership, guidance and direction in the fight against HIV/AIDS they have always relied upon. This particularly important as the whole world is looking upon Uganda as a role model even when the hitherto declining prevalence rates have remained stagnant for years and the number of HIV/AIDS orphans swells by millions. Leadership needs to re-focus and prepare for the worst that may resurface in the days to come.

⁷ World Vision International: Global future newsletter, second Quarter 2004