LETTERS

IN HIV TRANSMISSION, IS ABSTINENCE LESS PRAGMATIC THAN FEAR?

Dear Editor,

I have read the Editorial "Pragmatic safe sex, not abstinence or faithfulness, was key in Uganda's HIV decline" in Health Policy and Development Vol. 3 No.1- 2005. However, I wish to take distance myself from what the Editorial says and I will explain.

The key point the Editorial seems to make is about the motivations which may have led a certain number of Ugandans to the decision of changing their behaviour, i.e. having less casual partners and/or to use condoms when having casual partners. The conclusion, if I followed the arguments well, is that neither the strong advocates and supporters of condoms nor the Evangelical Christians and African Traditionalists - advocates and supporters of abstinence and faithfulness - are right. The point made is simply that people have adopted a "pragmatic safe sex" approach. I am not sure I fully understand what this means and therefore I can only try to attach my understanding to this semantic choice.

The only conclusion I can draw is that, while the Editorial recognises that fear may have been a strong motivator for the change of behaviour, it seems to attribute very little importance to the choice of abstinence and faithfulness, thereby minimising or denying the fact that "values" such as these two play any role in behaviour change.

I am not aware of any study that has tried to investigate "motivations" for choice(s). Therefore I can only say that the title of the Editorial - and the choice of using the negative adverb "not" - has the value of personal opinion, respectable, but perhaps not supported by hard evidence. On the other hand, hard evidence on motivational assessments is not easy to come by. When considering human behaviour, it is probably preferable to accept that it rarely follows a perfectly linear direction: it is influenced by so many factors and subject to so many ups and downs and right and lefts.

Pragmatism cannot be opposed to value choice, as the Editorial seems to imply, because there is a little bit of everything in our behavioural choices, even in "higher" values such as abstinence and faithfulness, and "less honourable" reasons such as fear (no judgement of value expressed on fear, simply lack of better words). Excluding, as the Editorial seems to do, the role played by abstinence and faithfulness in the Ugandan "success story" is, in my view, pushing things too far.

What worries me, anyhow, is a different issue altogether. I seem to draw from the Editorial the impression that the authors do not trust the capacity of large numbers of Ugandans to make choices driven by values such as abstinence and faithfulness (either based on religious or traditional grounds). To the authors, their actions can only be driven by basic instincts like fear. This, I must say, deeply saddens me because I think that the contrary is true. No matter how strong our sexual (and other) drives are, there is something deep in the heart of each one of us that recognises what is good, true, right, beautiful, consistent with the dignity of the human person, reasonable etc… that does not need to be demonstrated by scientific evidence. We often describe this "something" with the term "values".

Values are simply there in each one of us and they can guide our instinctive drives. They are part of our being human. Morality, at least for Catholics, does not necessarily coincide with a perfect consistency with the recognised values I have talked about. It is rather the continuous tendency towards them, unwavering even in the face of ever-possible failures. What these values need in order to develop (rather than being dwarfed by instinct) is the nurturing provided by a supportive social and cultural environment. It is not a question of fear of punishment or death. It is a question of an environment maintaining a positive outlook on human nature and in the capacity we have to respond to the difficult appeal of values. If we abandon this approach, we can only look forward to a progressive levelling towards instinctive choices, not exactly what we need and what the fight against AIDS needs.

This is the major objection I have to the Editorial: it seems to denounce two opposite "ideological"
LETTERS

positions (AB and C) only to adopt a third one: the ideology of pragmatism. As the other two, when they take up an ideological hue, they oversimplify the complexity of reality. As men and women of science, we cannot afford to avoid the challenge of this complexity, not even in the name of pragmatism. In any case, I am a strong supporter of Abstinence and Faithfulness, from a completely non-ideological and non-moralistic point of departure. It's a question of anthropology.

Dr Daniele Giusti
Executive Secretary
UCMB

"SAFER SEX"…. MAY BE, "SAFE SEX": NEVER

Dear Editor,

I would like to comment on the Editorial published in Volume 3 number 1 of April 2005 of your journal Health Policy and Development, entitled "Pragmatic safe sex, not abstinence or faithfulness, was key in Uganda's HIV decline".

First of all from a Public Health point of view, I think we should only talk about "safer" sex since there is no "safe" sex. In addition, we should only talk about "safer" behaviors, unless you refer to abstinence, the only safe behaviour. Secondly, in Uganda actually we have a two-decade old epidemic, with different epidemiological profiles. The first decade (1985-1995) was characterized by the dramatic decline in prevalence. No matter its nature and relevance, one cannot deny that the most important message was the famous "zero grazing" which, translated into medical language, has been later renamed "AB". One could argue that the word was used in its literal sense and in its agricultural sense. In the literal sense, "zero grazing" could mean "grazing on nothing" (abstinence) and in its agricultural sense, the term means "grazing on restricted ground" (being faithful). Back in 1992 when the A-word, abstinence, was not yet used by western AIDS professionals, Ugandans themselves were already promoting & studying abstinence (Rwabukwali et al., 1992).

The second decade (1996-2005) has instead shown a stagnation of prevalence rates. This is the main fact that the Columbia research has corroborated with the recent study the Editorial mentions (Wawer et al., 2005). It should be noted that it is actually in this second decade that the public health message has been much more on condom promotion. Contrary to some recent publications, public policy documents in Uganda seem to indicate a shift from ABC. The Uganda AIDS Commission recently outlined what it sees as the lessons learned in the fight against HIV/AIDS. It outlines them as (a) a policy of openness (b) political will (c) a multi-sectoral response and (d) resource mobilization (UAC, 2004). The trouble with these "lessons" is that they have also been learned by other countries, which mobilised even more resources than Uganda but did not achieve the same results. Therefore, the explanation for Uganda's success must lie elsewhere.

Even the elements of prevention in the current national policy (more or less in order here) are: use popular media, promote condoms, encourage Voluntary Counseling and Testing (VCT), ensure gender equality, target the youth, involve Field-Based Organisations (FBOs), treat Sexually Transmitted Diseases (STDs), do prevention of mother-to-child-transmission (PMTCT), and target prison inmates. There is less mention of ensuring safe blood supply. Certainly, the "AB" is missing in the frontline. When the Commission sets forth "principles" or "core values" to be followed or pursued in the country, these include the fight against stigma, involving people living with HIV/AIDS (PLWHAs) and openly acknowledging bisexuality and homosexuality. There is only one passing mention of "ABC", in the context of "going beyond ABC". Those familiar with the global ABC debate will immediately recognize in this Commission document all the content that ABC-rejectors have been fighting for. Whereas I do not think a lot of this dismantling of Uganda's initial program has been necessarily conscious, I think most AIDS experts (particularly western experts) think we are doing the right thing fighting for ever-greater supplies of condoms, fighting stigma, testing everyone etc. All this is great, but recent evidence published last year shows that monogamy or fidelity (and some partner reduction) was the major behavior change accounting for Uganda's success. Most of this occurred before 1995. Yet, the language has changed thereafter.

What matters in behavior change is the social environment, which supports positive choices.