

The ABC Approach

Excerpted from: *A Guide to Acting on AIDS: Understanding the Global AIDS Pandemic and Responding through Faith in Action*

The most comprehensive approach to preventing the sexual transmission of HIV is the ABC approach, which stands for Abstinence, Being faithful to a spouse, and (in certain situations) use a Condom. World Vision believes we need to do all we can to honor both the sanctity of marriage and the sanctity of life (James 2:10–11). We promote fidelity within marriage and abstinence outside of marriage as God's desired sexual behavior. At the same time, in situations where abstinence is not chosen, we do not discourage the responsible use of condoms, because condoms have been demonstrated to reliably prevent the transmission of the deadly virus that causes AIDS. Because of the extremely tough choices that people in dire poverty may face, as discussed in the previous chapter, and the vulnerability of widows and orphans, condoms offer the opportunity to preserve lives.

The cornerstones of this approach, Abstinence from sex before marriage and Being faithful to a spouse, promote a scriptural view of sexuality, which protects people from the physical, emotional, and spiritual consequences of sex outside of marriage. Marriage is a holy gift from God that is designed to bless His children and give us the opportunity for intimacy and long-lasting trust. It is a foundation for family and community, and it reflects the covenant relationship that God has with us and with His church. The Bible gives us clear instruction to be faithful within marriage and abstinent outside of marriage. Promoting God's perfect ideal for people—through abstinence and faithfulness—will always be in their best interest.

The ABC approach has been a source of controversy due to strongly held beliefs by some groups that feel prevention should only emphasize either A or C. Groups that focus only on A believe that promoting condoms condones promiscuity among people by reducing the physical risk of this activity. Without such risk, they believe people would be unable or unwilling to control their passions. Groups that emphasize C believe that sexual behavior cannot be changed. They believe humans are controlled by their physical desires and a "realistic" program will focus on risk reduction under the assumption that people's sexual behavior will not change.

Results from Abstinence and Faithfulness

An emphasis on the A and B components of the ABC approach is the most reliable method for preventing the transmission of HIV, especially in areas of poverty, illiteracy, and instability.¹ There have been programs implemented by a number of governments—the most effective of which is in Uganda—that have focused on primary behavior change, or risk avoidance, with great success. Consistent messages encouraging changes in sexual behavior have had a significant impact in Uganda, Senegal, Jamaica, and the Dominican Republic.² In these countries, young people have delayed sexual intercourse until they were older and have reduced the number of sexual partners they had once they became sexually active. This has reduced the spread of HIV.

Dr. Edward C. Green, a senior research scientist at Harvard University's Center for Population and Development Studies, writes in his book *Rethinking AIDS Prevention* of the decline in Ugandan HIV prevalence in the 1990s. He says, "Decline in infection rates is greatest among the 15 to 19 age group,



and a UNAIDS analysis shows that this was mostly due to the rise in the median age of first intercourse by two years, increasing from 15 to 17. Rise in age of sexual debut among females is particularly important because of the increased biological vulnerability of young females to HIV infection.”

Uganda's HIV prevention campaign, initiated by President Yoweri Museveni in 1986, focused primarily on abstinence and faithfulness messages until the mid-1990s, when condoms became more available and condom promotion was added as a key element of the program.³ HIV and AIDS prevalence peaked and started to decline in 1991, three years before condoms were promoted in 1994.⁴ HIV and AIDS prevalence declined from 20.6 percent in 1991 to 16 percent in 1994.⁵

Dr. Green argues that this decline was due to substantial increases in abstinence and faithfulness before 1994, while condom use remained low. An adolescent fertility survey conducted between 1988 and 1990 found that, during the previous three years, “two thirds of the males had had more than one sexual partner; of these males, more than half had had four or more partners.”⁶ By 1995, the U.S. Agency for International Development Demographic and Health Survey for Uganda found that 95 percent of unmarried men and women ages 15 to 49 were reporting either one or zero casual sexual partners during the previous six months, with the vast majority of unmarried men and women (80.4 percent of men and 94.7 percent of women) reporting total abstinence. Among married people, 90.3 percent of men and 98.5 percent of women reported total fidelity to their spouses.⁷

During this period in Uganda, condom use was very rare. Five percent of rural Ugandan males, 18 percent of urban males, and less than one percent of rural and urban females reported using condoms between 1988 and 1990.⁸ Also, a major Columbia/Johns Hopkins University study found that only 10 percent of men and two percent of women in their sample in Uganda reported consistent condom use in 1994.⁹

This data suggests that messages encouraging abstinence and faithfulness can lead to a substantial reduction in the transmission of HIV and a reduction in the number of people affected by AIDS.

Results from Condom Usage

Other countries that have implemented major condom promotion and access policies without also focusing on abstinence and fidelity have not found positive results.

South Africa and Zimbabwe have seen much higher rates of condom usage than Uganda. In 1999, Zimbabwe reported that 70 percent of men used condoms during their last high-risk sexual experience, and 28 percent used condoms during their last sexual encounter (with a spouse or non-regular partner). In 2002, South Africa reported that 30 percent of respondents reported condom use during their last sexual encounter. Their rates were much higher than in Uganda, which in 2000/2001 reported 59 percent condom use during high-risk sex and 15 percent during the last sexual encounter. It might seem that HIV prevalence would have declined significantly in both South Africa and Zimbabwe as a result of these statistics. Yet prevalence rates in Zimbabwe and South Africa in 2003 were 24.6 percent and 21.5 percent, respectively, both up slightly from 2001.¹⁰ Uganda's HIV prevalence is 6.7 percent in 2006,¹¹ down from 20.6 percent in 1991.¹²

However, data from Thailand shows that condom promotion among high-risk groups was very successful in controlling an anticipated HIV and AIDS epidemic among commercial sex participants. Thailand instilled a policy of mandatory condom use for all commercial sex, which helped prevent the spread of HIV among sex workers and patrons. The policy did not bring down prevalence rates elsewhere in the region, suggesting that condom promotion works best when promoted along with abstinence and being faithful. Dr. Green stated in a recent interview that “[A and B] was part of Thailand's programs that most people don't know about. There was a campaign to get men to not go to prostitutes, to not have multiple partners, for

young males not to have sex at an early age. And it worked. In the early years of the 1990s, the proportion of men reporting pre-marital and extra-marital sex and going to brothels went down significantly.¹³

While consistent condom use can be 80 to 90 percent effective in preventing the spread of HIV and other sexually transmitted diseases, consistent condom use is rare. In populations outside of high-risk groups (sex workers and clients), consistent condom use is as low as five percent. When condoms are not used with 100 percent consistency, the effectiveness drops to zero percent.¹⁴

¹ Christian Connections for International Health, "Does the ABC Approach Demand an Unrealistic Standard of Behavior?" *The ABC Approach to Preventing the Sexual Transmission of HIV: Common Questions and Answers* (May 2006), 29.

² Dr. Edward C. Green, *Rethinking AIDS Prevention: Learning from Successes in Developing Countries*, (London: Praeger, 2003), 141–262.

³ *Ibid.*, 151–152.

⁴ *Ibid.*, 143.

⁵ A decline in prevalence must be preceded by a decline in infections. The seven- to 10-year-cycle from HIV infection to mortality causes the HIV-prevalence rate—the number of people living with HIV as a percentage of the total population—to rise or fall with a lag to changes in the rate of new HIV infections. Given the long HIV infection period, HIV incidence had to decrease sharply before 1991 to produce a peak and a drop in prevalence. Source: Green, *Rethinking*, 141–262.

⁶ R. Turner, "Young Ugandans Know Condoms Prevent STDs, But Disagree on Whether Use Shows Respect for Partner," *International Family Planning Perspectives* 19, no. 2 (June 1993), 76.

⁷ Green, *Rethinking*, 157.

⁸ Turner, "Young Ugandans," 76.

⁹ D. Brown, "Uganda's AIDS Decline Attributable to Deaths," *Washington Post*, 24 (February 2005), <www.washingtonpost.com/wp-dyn/articles/A48464-2005Feb23.html?sub%253Dnew>.

¹⁰ Green, *Rethinking*, 103–104.

¹¹ *Report on the Global AIDS Epidemic* (New York: UNAIDS, 2006): 506.

¹² Green, *Rethinking*, 143.

¹³ Timothy C. Morgan, "Why We're Losing the War Against AIDS," *Christianity Today* (March 2005), 7.

¹⁴ Christian Connections for International Health, "Are Condoms Effective Against HIV/AIDS?" *The ABC Approach to Preventing the Sexual Transmission of HIV: Common Questions and Answers* (May 2006), 17–20, 51.