THE ALAN GUTTMACHER INSTITUTE

A, B and C in Uganda:

Roles of Abstinence, Monogamy and Condom Use in HIV Decline

Executive Summary

Uganda, 2002. Adolescents at the Kasana Teenage Centre, a health center for adolescents. The sign advertises that "Straight Talk," a monthly newspaper insert on adolescent reproductive health, is available at the center.

Policymakers around the world look to Uganda as a role model in the fight against HIV/AIDS, because of its success in reducing HIV rates during the late 1980s and early 1990s. Although the epidemic continues to be a problem, the country successfully maintained reduced rates of infection through the late 1990s. To replicate the Ugandan experience, it is important to understand what happened there, and why. An increase in sexual abstinence has recently been highlighted as a primary cause of the declines; however, large increases also occurred in two other aspects of sexual behavior—monogamy and condom use—and these changes made important contributions to the reduced risk for HIV infection.

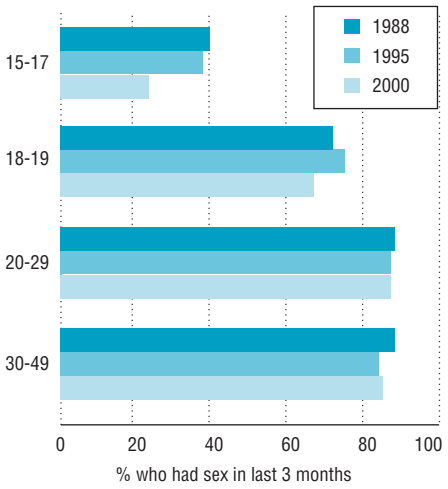
Determining the extent to which each of these factors influenced the overall decline in Uganda's HIV rates has become a highly charged political issue. While it is difficult to quantify the precise contribution of each of the three aspects of behavior change, decision-makers nevertheless need evidence—not politics—to guide them in allocating resources to combat HIV/AIDS.

To describe and account for trends in the country as a whole, The Alan Guttmacher Institute examined nationally representative data from Uganda's Demographic and Health Survey (DHS) conducted in 1988 (women only), 1995 and 2000 (women and men), and national-level findings from two Global Programme for AIDS (GPA) surveys carried out in 1989 and 1995 (women and men). The data were used to investigate changes that occurred in abstinence, monogamy and condom use during the period when HIV levels were declining and during the late 1990s, when the reduced levels of infection appear to have been sustained.

Key Points

- HIV rates in Uganda declined during the late 1980s and early 1990s. The reduced levels of infection appear to have been sustained during the late 1990s.
- The proportion of women 15–17 who had ever had sex decreased from 50% in 1988 to 46% in 1995 and 34% in 2000. There were also large declines in sexual experience among adolescent men between 1989–1995. However, abstinence did not increase among those who had already had sex.
- Men and women of all ages were much less likely to have more than one sexual partner in a 12-month period in 1995 than in 1989. Among unmarried sexually active women, 15% had more than one partner in 1995, compared with 31% in 1989; for unmarried men, the proportions were 26% in 1995 and 59% in 1989. The proportions continued to decline among unmarried women between 1995–2000, but some age-groups of unmarried men were more likely to have multiple partners in 2000 than in 1995.
- Condom use rose substantially during the 1990s among both men and women, especially those who were unmarried. Among unmarried women who had had sex in the past four weeks, the proportion who used condoms rose from 1% in 1989 to 14% in 1995. Among unmarried men in this category, use rose from 2% to 22%.
- Since the late 1980s, the Ugandan government, NGOs and activists have promoted a comprehensive approach to prevention, termed "ABC" (Abstinence, Be Faithful (monogamy) and Use Condoms). However, the precise contribution of each of these strategies to behavior change in Uganda remains unknown.

Chart 1: Adolescent women were less likely to be sexually active in 2000 than in 1988.



Source: Tabulations of data from Uganda DHS, 1988, 1995 and 2000.

The data do not, however, reveal what caused these behavior changes. Since the late 1980s, the Ugandan government, a wide array of nongovernmental organizations (NGOs) and activists have promoted programs and policies designed to influence these three behaviors through a comprehensive approach to prevention, termed "ABC" (Abstinence, Be Faithful (monogamy) and Use Condoms). More research is needed on the specific factors that were critical to changing behavior, and the extent to which these programs were responsible, to provide guidance to those seeking to replicate Uganda's success and to identify further steps that Uganda might take to continue the reduction of HIV incidence.

Uganda's Success: What Happened?

• Declines in HIV prevalence (the proportion of the general population that is infected at a given point in time) during the 1990s were significant. According to estimates by the U.S. Census Bureau and the Joint United Nations Programme on HIV/AIDS (UNAIDS), HIV prevalence in Uganda peaked at around 15% in 1991 and then fell to 5% by 2001.

• Declines in HIV infections probably occurred somewhat earlier, in the late 1980s and early 1990s, and appear to have been sustained throughout the decade.

• The precise size and timing of the declines are difficult to pinpoint because much of the data available from the late 1980s and early 1990s were collected from a limited, nonrepresentative population: pregnant women who were tested in antenatal clinics in a few urban areas. In addition, the timing of infection would have been earlier than the testing date, but there is no way to determine the exact timing of reduced exposure to HIV or of actual HIV infection.

Reasons for the Decline

A: Abstinence. The "A" prong of "ABC" stands for abstaining from sex. Fewer Ugandans reported having sex at young ages in 1995 and 2000 than in the late 1980s. However, abstinence did not increase among those who had ever had sex.

• The proportion of women 15–17 who had ever had sex decreased from 50% in 1988 to 46% in 1995 and 34% in 2000. Declines were much smaller for 18–19-year-olds. Among those 15–17 who were sexually experienced, the proportion who were *sexually active* (had sex in the past three months) increased between 1988–1995, but declined between 1995–2000.

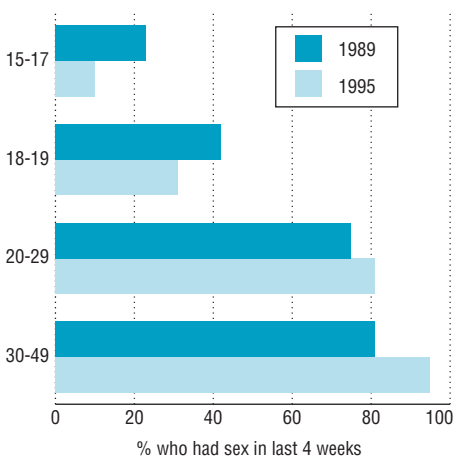
• Between 1989–1995, there were large declines in the proportions of men 15–17 and 18–19 who had ever had sex. Declines were smaller between 1995–2000.

• However, men 15–17 and 18–19 who were sexually experienced were *more* likely to be sexually active in 2000 than in 1995 (the proportions increased from 33% to 44% and from 58% to 72%, respectively).

• The proportion of people of all ages who were sexually active dropped substantially only among young adolescent women (Chart 1); it increased among some age-groups of men (Chart 2).

• In 2000, about half of all unmarried women were sexually

Chart 2: Adolescent men, but not adult men, were less likely to be sexually active in 1995 than in 1989.



Source: Tabulations of data from Uganda GPA, 1989 and 1995.

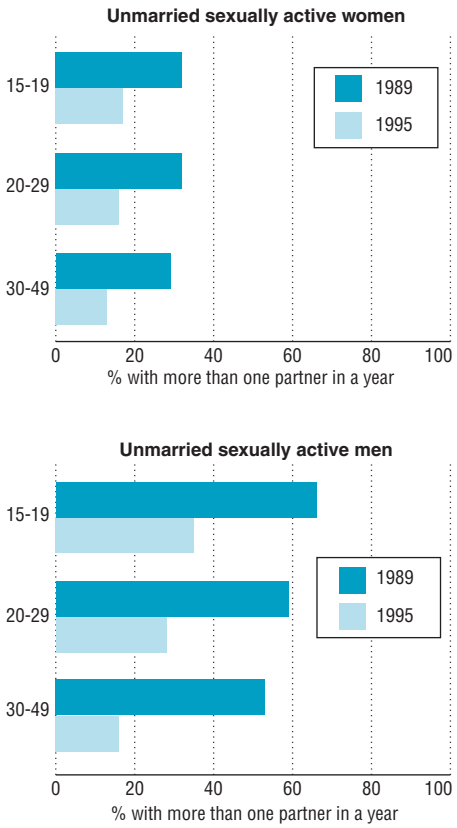
Information Sources

This report relies on data from the Demographic and Health Survey (DHS) and the Global Program for AIDS (GPA) survey.

The DHS, which included questions about sexual behavior, number of partners and condom use, was carried out among nationally representative samples of women and men of reproductive age in Uganda. Surveys of women were conducted in 1988, 1995 and 2000 and thus span the period during which HIV prevalence declined; surveys of men cover only 1995 and 2000. The DHS data are useful because they provide evidence on key factors for the country as a whole.

The GPA obtained comparable data on sexual activity, number of partners and condom use among Ugandan women and men 15–49 in 1989 and 1995. These surveys supplement the DHS data, particularly by providing data on men in the late 1980s as well as some information that is lacking in the 1988 DHS for women. However, it is not clear that the GPA surveys are nationally representative; as a result, they are more limited in terms of documenting overall trends applicable to the entire country.

Chart 3: Unmarried sexually active women and men were less likely to have more than one sexual partner in a year in 1995 than in 1989.



Source: Tabulations of data from Uganda GPA, 1989 and 1995.

experienced. This is the same proportion as in the late 1980s, although there was a temporary decline between the late 1980s and 1995.

• In 2000, just over half of all unmarried men were sexually experienced. The proportion changed little between 1995–2000, but was significantly lower than in 1989, when the proportion was nearly three-quarters.

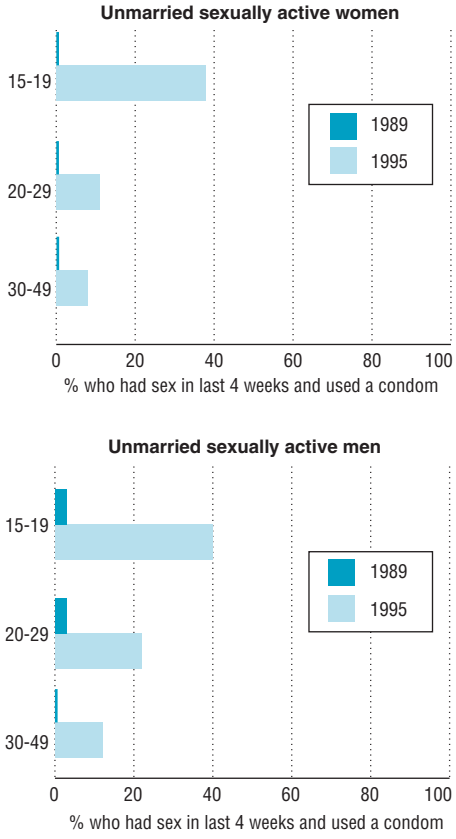
B: Monogamy. The "B" prong in "ABC" represents "be faithful" (monogamy), and reflects the likelihood that a reduced number of sexual partners means less exposure to HIV. Increased monogamy, especially among unmarried women, contributed to lowering HIV risk in Uganda during the period 1989–1995. However, there was much less change between 1995–2000.

• Both men and women were much more likely to be monogamous in 1995 than in 1989 (Chart 3). Even in 1995, though, more than one in four unmarried sexually active men had two or more sexual partners, and nearly one in 10 married men had one or more casual sexual partners in a one-year period.

• The proportion of unmarried women with more than one sexual partner continued to decline between 1995–2000. However, some age-groups of unmarried men were more likely to have multiple partners in 2000 than in 1995.

• The proportion of married men with multiple partners increased among some age-groups between 1995–2000 and decreased among other age-groups. The proportion of married women with multiple partners remained very small in both years.

Chart 4: Unmarried sexually active women and men of all ages were more likely to use condoms in 1995 than in 1989.



Source: Tabulations of data from Uganda GPA, 1989 and 1995.

C: Condom use. The "C" prong of "ABC" represents condom use, which increased steeply during the 1990s among both men and women, especially those who were unmarried; however, men were more likely than women to use condoms.

• Among those who had had sex in the past four weeks, the proportion of women using the condom increased from 0% in 1989 to 8% in 1995; among men, it increased from 1% to 11%. Among unmarried women, the proportion using the condom increased from 1% to 14%, and among unmarried men, it rose from 2% to 22% (Chart 4).

• Over the period 1995–2000, condom use increased among sexually active women overall, but increases were greatest among younger age-groups: from 6% to 25% among women 15–17, and from 3% to 12% among 18–19-year-olds.

• Similarly, among sexually active men 15–17, condom use increased from 16% in 1995 to 55% in 2000, and among those 18–19, it increased from 20% to 33%.

• Among unmarried sexually active women, condom use increased from negligible levels in 1988 to 37% by 2000.

• Condom use also rose significantly among unmarried sexually active men, from 39% in 1995 to 57% in 2000.

• Current use of condoms was very low among married women and men, but increased slightly between 1995–2000.

Conclusions

Progress on the three components of the ABC approach contributed to bringing about and sustaining reduced exposure to HIV in Uganda. These results are consistent with current prevention efforts and highlight the importance of an integrated approach to

combating the HIV epidemic worldwide. Development funds to combat HIV should focus on policies and programs designed to target all three prongs: "A," "B" and "C."

The full report, *A, B and C in Uganda: The Roles of Abstinence, Monogamy and Condom Use in HIV Decline* can be downloaded from www.guttmacher.org. Hard copies can also be purchased, with discounts on bulk orders. To order, call 1-800-355-0244 or 1-212-248-1111, or visit www.guttmacher.org and click "buy."

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