

The ABC response to the AIDS crisis in Uganda is a good start for HIV prevention, but it does not fully take into account the underlying social structure of gender inequality, which in turn perpetuates the AIDS cycle. In order for AIDS prevention to get at the core of the ongoing AIDS epidemic, more realistic prevention options must be implemented. Obviously the AIDS issue in Uganda is complex, and the ABC approach is just the tip of the iceberg because grassroots conversation about gender inequality must take place in order to effectively start to prevent HIV/AIDS. This gender inequality manifests itself in individual, interpersonal and institutional social levels, and must be corrected in order for AIDS prevention to be fully effective.

The ABC method of prevention, which was first termed in 1992, “is a ‘combination approach’, which can be adapted to context, population and stage of the epidemic.”¹ This approach as applied in Uganda, starts first with abstinence, but if a person does not abstain from sex, then he or she should remain faithful to the respective partner and there should be “zero grazing” as it has been coined in Uganda. In the event that someone is unfaithful, condoms should be used, however some ABC advocates controversially limit condom use to those who fall within the high-risk category because abstinence and monogamy are their preferred prevention methods.² As Susan Cohen has stated, the ABC method of prevention “stopped the spread of AIDS in its tracks and saw the nation's rate of infection plummet.”³ According to Cohen, the rate of AIDS miraculously declined from 15% in 1991 to 5% in 2001. Cohen also found that condom use rose greatly among unmarried men and women; from 1989 to 1995, there was an increase of 1% to 14% for women and from 2% to 22% for men.

¹ “The ABC of HIV Prevention.” Averting HIV and AIDS <http://www.avert.org/abc-hiv.htm>

² *Id.*

³ “Beyond Slogans: Lessons From Uganda's Experience With ABC and HIV/AIDS.” Susan A. Cohen. *The Guttmacher Report on Public Policy* Vol. 6 No. 5 (Dec. 2003). <http://www.guttmacher.org/pubs/tgr/06/5/gr060501.html> at 1

However, according to AVERT, HIV prevalence has increased from 4.1% in 2003 to 6.5 % in 2009.⁴ This could be due to the complacency with the current ABC model because this program does not see the underlying social injustices going on. As a Ugandan Ministry of Health official said in 2011, "We have concentrated so much on treatment and care yet more Ugandans are getting infected each year and the number of those who need ARVs is increasing. It is time we reviewed the old-fashioned prevention because it has flopped...Few people in Uganda are using the 'ABC' - abstain, be faithful and use condoms strategy."⁵ Often times, in the ABC method of prevention, women have no say in any of the three ways of AIDS prevention. Thus, the ABC approach as implemented in Uganda fails to take into account the gender inequality currently present. As AVERT points out, "abstinence until marriage does not always ensure safety, because marriage in itself provides no protection from infection. Many people are unsure of the HIV status of their partners, and those who are faithful cannot be certain that their partner is maintaining the same commitment."⁶ So even if women follow the ABC approach, there is no guarantee that their male counterpart will. Furthermore because of the gender inequality present, "abstinence is not a realistic option for the millions of women and girls who are in abusive relationships, or those who have been taught always to obey men."⁷ These people, especially women, who do not abstain from sex, voluntarily or not, are urged to use preventative options and safe sex practices, such as monogamy and condom use. In the study performed by Blanc and Wolff, the role of gender inequality in use of condom use and sexual decision-making was examined, and "the results point to barriers that exist for both men and women but show a clear

⁴ "The ABC of HIV Prevention." Averting HIV and AIDS <http://www.avert.org/abc-hiv.htm>

⁵ *Id* quoted.

⁶ *Id.*

⁷ *Id.*

disadvantage for women."⁸ Furthermore, Blanc and Wolff have found that ABC strategies "may be impractical given the reality of many couple's sexual lives"⁹ especially pointing to gender inequality.

According to the study performed by Blanc and Wolff, 18% of women reported that it is difficult to talk to their partner about sex whereas 3% of men answered yes to the same question. In the same study, 90% of men say it is not difficult to discuss sexual activity with their partner while 59% of women say it is not difficult. There is a clear gender bias present here. Furthermore the percent of men who knew that condoms can prevent AIDS and did not discuss condom use because he does not want or need condom was 55% while it was 31% of women for the same category. Of the same group, 35% of those women have never thought of condom use, while 12% of men have not thought of it. Again, the gender inequality is obvious.¹⁰

In another study, Singh, Darroch, and Bankole have found declines for women ages 15-17 and 18-19 who had ever had sex were larger in 1989 to 1995 but smaller between 1995 and 2000, while men of the same ages who were more sexually experienced were more likely: 33% to 44% and 58% to 72% respectively. They also found that although "fewer Ugandans initiated sex at young ages in 2000 than a decade before," the level of abstinence among those who were already sexually active has no set pattern of decline.¹¹ Though the age at which sexual activity has started has increased, abstinence has not been greatly affected. Also, from 1989 to 1995, the number of married and unmarried people who had multiple partners declined. However, "fewer unmarried sexually active women in all age-groups had two or more partners in 2000 than in

⁸ Gender and Decision-Making over Condom Use in Two Districts in Uganda." Ann Kilmas Blanc and Brent Wolff. *African Journal of Reproductive Health* Vol. 5, No. 3 (Dec., 2001), pp. 15-28. <http://www.jstor.org/stable/3583320> at 15

⁹ *Id* at 16

¹⁰ *Id*

¹¹ "A, B and C in Uganda: The Roles of Abstinence, Monogamy and Condom Use in HIV Decline." Susheela Singh, Jacqueline Darroch, Akinrinola Bankole. *The Guttmacher Report on Public Policy* Occasional Report No. 9 (Dec. 2003). http://www.guttmacher.org/pubs/or_abc03.pdf at 15

1995, but proportions may have increased for some age-groups of unmarried men."¹²

Furthermore, "there is no clear or consistent pattern of change between 1995 and 2000 in monogamy among all sexually experienced and all currently married women and men."¹³

Moreover, the role of condom use in married relationships remains very low, even though there was a very slight increase in 2000. Overall, the gender inequality is evident because:

the level of monogamy among married people has not changed much, and a substantial proportion of married men are not monogamous, and most do not use condoms. As a result, married women are at high risk of infection, particularly given that it would be much more difficult for them to refuse to have sex with their partners, compared to unmarried women.¹⁴

Overall, the two studies show that there is great gender inequality at individual, interpersonal and institutional levels that must be addressed in order to effectively treat the AIDS epidemic. Also, with respect to the AIDS decline, a correlation of ABC practices cannot be seen as the sole and only cause of the lowering of the AIDS prevalence. As Singh, Darroch, and Bankole have noted, the exact contribution of the individual aspects of ABC to AIDS prevention is unknown. As Cohen stated, "contrary to the assertions of social conservatives that the case of Uganda proves that an undiluted 'abstinence-only' message is what makes the difference, there is no evidence that abstinence-only educational programs were even a significant factor in Uganda between 1988 and 1995."¹⁵ Furthermore, as Cohen has pointed out, there are many other possible factors, such as duration of relationships and STD infections. As Edward Green, a Harvard medical

¹² *Id* at 17

¹³ *Id* at 18

¹⁴ *Id* at 21

¹⁵ "Beyond Slogans: Lessons From Uganda's Experience With ABC and HIV/AIDS." Susan A. Cohen. *The Guttmacher Report on Public Policy* Vol. 6 No. 5 (Dec. 2003). <http://www.guttmacher.org/pubs/tgr/06/5/gr060501.html> at 2

anthropologist has stated, "ABC is far from all that Uganda has done." He continues saying that Uganda has moved toward approaches "reducing stigma, bringing discussion of sexual behavior out into the open, involving HIV-infected people in public education, persuading individuals and couples to be tested and counseled, improving the status of women, involving religious organizations, enlisting traditional healers, and much more."¹⁶ However, as Blanc and Wolff point out,

the evidence points to a clear disadvantage for women in an area as fundamental as knowledge about condoms and their use in AIDS prevention. Gender differences in information are due at least partially to women's generally lower level of education and their lesser exposure to media channels. Clearly, official efforts must be made to reach women, especially uneducated and rural women, in information programs.¹⁷

As Blanc and Wolff have stated, "the difficulty that women experience in negotiating condom use and sexual behaviour change with their partners is now well established in social science literature."¹⁸ Therefore, women more often than not have little or no say in their sexual activity. They are objects which men are able to use. Traditional gender roles, gender related inequalities, and norms prevent women from engaging in protective preventative acts in regard to their sexual activity. A Lira female has said in Blanc and Wolff's study "A married woman can say 'Let us be careful.' But she does not know what the man does. So there is no hope."¹⁹ The gender inequality must be addressed at every level in order for AIDS to be dealt with in an effective way.

¹⁶ *Id* quoted at 2

¹⁷ "Gender and Decision-Making over Condom Use in Two Districts in Uganda." Ann Kilmas Blanc and Brent Wolff. *African Journal of Reproductive Health* Vol. 5, No. 3 (Dec., 2001), pp. 15-28.
<http://www.jstor.org/stable/3583320> at 27

¹⁸ *Id* at 16

¹⁹ *Id* at 20

This gender inequality is problematic for the health care of women in Uganda. Thus, there is a clear call for healthcare reform, which is to be based on Catholic Social teaching. The gender inequality clearly violates human dignity as it is treating one human lesser than another, and it is a moral imperative to uphold the dignity of others. These women are not only monetarily poor but also poor in dignity, and as such, “the preferential option for the poor is the central priority for policy choice.”²⁰ In addition, the marginalization of women prohibits them from fully participating in the common good. As such, Ugandan society must work toward the common good so that women may realize their human dignity and reach their full potential. Healthcare reform that takes into account gender inequality advocates for the principle of subsidiarity because it would be handled at a grass roots level, starting with conversations about existing gender inequalities. As everyone in the world is part of one human family, it is necessary to realize the principle of solidarity. This in turn calls for love of neighbor, which cannot be realized in the realm of gender inequality.²¹ These violations of Catholic Social Teaching are injustices that the ABC approach does not rectify, and thus prohibits Ugandan women from achieving their full human flourishing.

The subjugation of women leads to lack of what Amartya Sen calls agency, or one’s ability to enact social change. Because women lack this agency, those in power are free to promulgate more inequality, which allow these women to contribute less to society. This furthered inequality in turn produces less concern with health of these women and girls. Sen, therefore, opts for the capabilities approach to justice. He advocates that people must have instrumental and substantive freedoms to possess these capabilities. Health care is an instrumental freedom while self-determination and political participation are substantive

²⁰ *Economic Justice for All*. US Catholic Bishops (1997) at Article 260

²¹ These are the principles of Catholic Social Teaching as presented by Catholic Relief Services on their website: <http://crs.org/about/guiding-principles.cfm>

freedoms. Capabilities are defined as the opportunities to participate fully in the community. This approach, as produced by Sen and Nussbaum, calls for the opportunity to share in bodily health as well as bodily integrity, life, and control of one's environment.²² The gender inequality in Uganda takes away these capabilities from Ugandan women, and thus creates further injustice.

Lastly, the gender inequality in Uganda violates an ethic of care. As Chhanda Chakraborti points out, "ethics of care can provide a justification for arguing for a moral obligation to give some priority in the HIV-related initiatives to one of the most vulnerable groups."²³ In Uganda, the most vulnerable group is married women and the ABC prevention strategy does not hold them in high priority. Furthermore, Chakraborti notes "the societal interpretation of an ethics of care...appeals to a vision of society as an interdependent network in which the well being of a person depends on the well being of all others."²⁴ Ugandan women's well-being is still being compromised even after the ABC approach has been implemented. Ethics of care also call for compassion and care for others in the web of interconnected personal relationships, and it is therefore imperative to respond to one's contextual situation in order to provide said care and compassion. As such, Gilligan has professed that there is "an injunction to care, a responsibility to discern and alleviate the 'real and recognizable trouble' of this world."²⁵ This injunction to care is due to the interconnectedness of humanity. Thus, there is another call to work at the gender inequality in Uganda. Through the lens of an ethic of care, there is an obvious call to help the least advantaged of society, which in the case of Uganda, would be

²² *Development as Freedom*. Amartya Sen. (1999).

²³ "Ethics of Care and HIV: A Case for Rural Women in India." Chhanda Chakraborti. *Developing World Bioethics* Vol. 6 No. 2 89-94 (2006) at 91

²⁴ *Id.*

²⁵ *Id.* quoted.

women, especially married women because “collective caring is the way to collective well-being.”²⁶ Thus, an overall better well-being is a clear implication of an ethic of care.

Some may say that this approach to criticizing the ABC approach to AIDS prevention is jaded by cultural imperialism. However, this is not the case, as the statistics clearly show that women and men do not have equal social footing. This in itself would be the basis for a call to healthcare reform, as “persons have an obligation to be active and productive participants in the life of society and that society has a duty to enable them to participate in this way.”²⁷ This participation is based on the inherent human dignity that cuts across all cultures. Also, healthcare reform based on gender inequality is necessary for basic justice as delineated by the U.S. Catholic Bishops as it, “demands the establishment of minimum levels of participation in the life of the human community for all persons.”²⁸ The current system commits the ultimate injustice, as Ugandan women are being, “treated actively or abandoned passively as if they were nonmembers of the human race.”²⁹ These women have no personal moral autonomy in sexual matters and are thus marginalized in their culture. Furthermore, this critique of the ABC approach is not cultural imperialism because it stresses a grassroots approach, which implements the idea of subsidiarity: conversation amongst Ugandans will change the gender inequality. Another counterargument is that these Ugandan women are also actively participating in the sex culture. However, this is clearly not the case as rape is a present force in Uganda and often times, women have little to no choice in sexual matters. A third counterargument is the fact that ABC was wildly effective and deemed a miracle by many. However, complacency with this approach is emerging and its positive effects are waning. Overall, it is clear that the gender inequality in

²⁶ *Id* at 93

²⁷ *Economic Justice for All*. U.S. Catholic Bishops (1997) at Article 71

²⁸ *Id* at Article 77

²⁹ *Id*

Uganda is impeding effort for AIDS prevention there.