Simple as ABC? Re-examining HIV Prevention for Youth

The so-called ABC of HIV Prevention was developed by governments and their partners as the key approach in the fight against HIV/AIDS. The ABC messages standing for Abstain from sex, Be faithful to one partner and use a Condom, have been accepted and applied globally and are the dominant prevention messages in Southern Africa. The approach consists of mutually reinforcing messages encouraging behaviour change with regards to sexual activities and should not be seen as stand alone package in HIV prevention programming. The messages are targeting the overall population and particularly sexual active age groups, both adults and youth.

In Namibia, the debate around the approach has mainly focused on two points. On the one hand it has been argued that messages do not respond to the reality of many youth, particularly with regards to preaching abstinence from sex, and on the other hand the approach has been criticised for focusing too much on condom use. Questions also have been raised whether all the messages are equally suitable for youth and adequately respond to HIV related information needs of boys and girls. This paper therefore re-examines the ABC approach in the Namibian context considering sexual practices and attitudes of youth in Namibia. Unfolding the ABC prevention package allows discussing the strengths and weaknesses of its different components in greater depth through a gender lens.

**Abstain from sex:** The core message in the A is to stay abstinent until marriage. Abstinence is the most effective means of protection against both pregnancy and HIV. With sex being the primary cause of HIV transmission in Namibia, it is unlikely for a person to contract the disease if he or she does not have sex. However, in Namibia the A of prevention appears not to be widely practiced – even though young people have positive attitudes towards the idea itself. Studies indicate that about…of Namibians aged ….years are engaged in sexual activities before marriage [Figures Trina]. The almost constant teenage pregnancy rates of about 19-20% of 15-19 year old girls between 1998 and 2002 are also a clear indicator that young people indeed are having sex.

To a certain extent Namibian society expects boys and men to initiate sex while girls are hardly in the position to open the topic for discussion making it often difficult for girls and women to choose and apply abstinence. In addition, the concept of abstinence may easily become strongly linked with religion since it is particularly emphasized by faith-based organizations. As such, abstinence in the eyes of young Namibians quickly becomes an option only for “real Christians” – some sort of perfect people that most young people feel they are not.

Another difficulty lies in communicating the message correctly. In Namibia the message has partly been understood as a call for lifelong abstinence and not as an appeal to stay abstinent until marriage. As a consequence of these realities, promoting abstinence easily ends up in portraying a lifestyle that is in stark contrast to the realities of young people, making them struggle to practise abstinence as a real life strategy.

**Situation at a Glance**

- **Sero-sentinel survey 2004**
  In 2004 about one in five pregnant women had HIV (19.8%).
- **Age at first sex**
  16 to 17 years. The DHS indicates a trend towards earlier onset of sexual activity.
- **Teenage pregnancy rate**
  Between 1998 and 2002, about 1 in 5 aged 15-19 years has been pregnant (19-20%).
- **Condom use**
  **Regular:** In 1997, 60% of males and 45% of females responded that they always use condoms in regular relationships.
  **Casual:** In the same year 80% of males and 73% if females said they use condoms when having casual sex.

Sources:
UNICEF (2003), Young Namibian and HIV & AIDS, and 2004 Sero-sentinel survey 2004
Regardless these challenges abstinence remains a relevant and practicable option, particularly for youth. Hence the challenge is to repackage the concept of abstinence in a way that it becomes a viable prevention strategy to the average young Namibian.

**Be faithful to one partner:** The message contained in B is to be faithful to a mutually faithful and uninfected partner and reduce the number of sexual partners if possible to one. This is a rather complex concept since it requires commitment, honesty and trust among partners, without those this prevention strategy does not work. It is difficult to know for sure if your partner is being faithful, and it is clear that many partners are not. This is also true for youth, who are in an experimental stage sexually and emotionally.

As one male adolescent in Namibia put it, “You can get famous if you have lots of girls.”

*Source: UNADIS, Facing the Future Together, 2004*

Social norms indicate that in Namibia it has been widely acceptable for men and boys to have a variety of sexual partners. This means for girls and women being faithful to one regular partner does not protect them if their partner has not been faithful to them. If everyone were faithful to one partner for their entire lives, infection rates would decline significantly. In some instances the message also has created the false perception among young people that being faithful to one partner is protective, ignoring the risk involved in engaging in a series of relationships with different partners one after the other. For both partners to know their HIV status and to be certain that they are not risking infecting each other, they need to get tested. This can not be a once off testing but must happen repeatedly for each new relationship. However, in Namibia many people are still reluctant to go for a HIV test. Having in mind that it is risky to apply the B approach as a stand-alone HIV prevention strategy, the challenge is to combine it with VCT Voluntary Counselling and Testing and possibly with C condom use.

**Use a condom:** The C message is straight forward and requests partners to use a condom when having sex. Condom use rates in Namibia have been rising significantly over the last decade indicating that the C of HIV prevention has been generally accepted and applied. However, condom use still remains selective and inconsistent. Especially with regular partners, condom use is still low, as using condoms is interpreted as a sign of distrust and often still associated exclusively with casual or commercial sex. In addition, the application of the C message is challenged by social norms and gender relations making it difficult for girls and women to negotiate condom use. Also, insecurities about the effectiveness of condoms have begun to undermine the status of condoms as a tool for HIV-prevention among young people. Having experienced that condoms do not provide 100% protection from HIV-prevention if not used correctly or taken off early, some people don’t feel secure even when condoms are being used.

Surveys undertaken in different parts of Namibia suggest that there are instances of young girls having unprotected sex in exchange for much-needed material support to the girls and their families including money for school fees, transportation and groceries or for luxury goods such as cell phones, toiletries etc. Poverty and inequality contribute to the rising numbers of young girls and boys having unprotected sex with partners that are much older, also popularly known as sugar daddies or sugar mummies.

**In 1999, a 42-year-old man asked me, “Dear, how old are you?” I told him I was 12 years old. He told me that I looked nice, and that it was the first time he’d seen someone so nice. I was wearing a traditional dress and I was covered in sand, so I was surprised by the man with a white car. He went to the car and called me to get some sweets, and he offered me money. I asked him how much it was, and he took out a bag full of money. He said I had a nice body and that he would like to teach me to do nice things, like other children. My heart was beating so fast. He pulled me over to him and held my hand (…. ). I started screaming and ran away to my mother, and I told her the whole story, Girl from Ombombo Combined**

*Source: Oyo, January 2004*

Considering that studies demonstrate a strong correlation between high incidence of HIV and the age difference between partners, the sugar daddy phenomenon places young girls at high risk with regards to HIV. Older men are more likely to be infected with HIV than younger men, posing a greater risk of transmission to their younger partners. Giving ‘gifts’ or money to the girls may also make men feel as being in power and having the right to control the terms of the relationship. Also for women who find themselves in an abusive relationship or who are economically or otherwise dependent on a partner it is often difficult to negotiate sex and condom use. As a consequence, they are at high risk of contracting HIV/AIDS.
Based on these communication messages and as part of the overall ABC approach, the Namibian Government together with its partners and young people concerned developed and adapted a variety of programmes in education, awareness-raising and life skills training. These programmes are going hand in hand with the ABC messages and are all geared towards encouraging behaviour change with regards to sexual activities aiming to stop the HIV/AIDS epidemic.

Conclusions and Recommendations

Communicating the need to abstain, be faithful and use a condom has proven to be successful in many settings worldwide underlining that it is a viable and practicable HIV prevention package. However, in Namibia as well as in other countries some of the core messages have been accepted by young people only to a limited extent. In order to be internalised and practiced by the Namibian youth, it requires discussing and repackaging of the ABC.

A – Combining abstinence messages with concrete skills training: Despite positive attitudes abstinence appears for many young people not to be practicable. According to Namibian research studies, the key problem seems to be that young people have a problem to integrate feelings of sexuality with the concept of abstinence. This could be addressed by emphasizing that abstinence must not be understood as a negation of all sex forever. The focus should be moved from abstaining to delaying sexual activity – delaying until marriage or to a point where young adults have adequate knowledge and skills to take on responsibilities of a sexual relationship. In media communication, abstinence is rarely elaborated on and therefore often understood in the strictest meaning of the word. It is needed that the message is being embraced by a wide variety of stakeholders and that staying abstinent becomes feasible through enhanced capacities of young people to successfully say No to sex. Skills to be taught to youth may include making an “abstinence plan” and strategize how to stay focused on their goals in life and handle difficult situations. To achieve the confidence and ability to refrain from early sexual activity, a social environment appreciating abstinence and social support from family members and peers are required.

B - Combining being faithful with testing and protection: Promoting mutual faithfulness as a prevention strategy to young people has not always been easy. However, the message behind the B, being faithful, remains crucial as it encourages young people to be less often and ideally not at all engaged in risky sexual activities. The role assigned to B is the reduction of partners, preferably to one. What is important is that the message goes hand in hand with asking young people also to reduce the risk of HIV/AIDS transmission. Since the reduction to one partner may not be happening, HIV testing and condoms may need to be considered as an integral part of the faithfulness strategy. This emphasis on reduction, testing and protection needs to be communicated among young people.

C - Continuing to promote condom use: It is critical to re-emphasize that condoms are being used and campaigns are being continued promoting condom use as standard sexual behaviour. Condoms should not only be used because of fear of infection, which may be higher with a casual partner than with a regular one, but even in relationships young people consider as steady. The high risk of acquiring HIV in any relationship in the face of loosing a generation requires this extreme approach. As a significant proportion of youth are sexually active, discussing and distributing condoms must be essential components of effective HIV prevention strategies. It is also important to clarify any doubts concerning condoms as an effective means of HIV protection - HIV cannot pass through an unbroken, correctly used latex condom. However, using condoms is not as safe as abstaining from sex altogether. Since unbalanced gender-relations present a serious obstacle to condom use, HIV prevention messages should also address notions of male dominance and be combined with training that enhances girls’ and women’s skills to negotiate condom use with their partners. Availability and acceptance of female condoms and the promotion of condom use as standard sexual behaviour will also assist women in negotiations for their use.

D – Delaying: Youth who begin sexual activity early appear more likely to have sex with high-risk partners or multiple partners and are less likely to use condoms. Thus early sexual debut can place adolescents at increased risk of unintended pregnancy, HIV, and other sexually transmitted infections. Positive relationships with parents, teachers, and spiritual beliefs decrease the likelihood of early sex, while engaging in other hazardous behaviours and having friends who are sexually active can be considered as risk factors. Therefore, encouraging youth to start engaging in sexual activities only when getting married or being mature enough to take responsible decisions need to go hand in hand with revisiting the important function parents, teachers and influential community members have as role models. Delaying is an important, practicable prevention message reflecting and responding to the realities of many youth and therefore needs to be added to the so-called ABC of HIV prevention.

VCT - Voluntary Counselling & Testing: Voluntary Counselling & Testing (VCT) also needs to be added to the ABC prevention messages. The message of being faithful clearly benefits from becoming interrelated with the
message to go for a HIV test. In addition, communicating testing can be used as entry point to effectively communicate protective behaviours that are captured in the ABC. “Going for a test” is a one time response to the threat of HIV-infection. Such responses can be more easily elicited by media campaigning – unlike the ABC, which is dealing with encouraging long term behaviour change. The counselling component of VCT at the same time offers a powerful face-to-face channel through which other protective behaviours can be comprehensively communicated. Due to these factors VCT has played an integral part in the HIV/AIDS response of other countries.

Experience has shown that, unfortunately, effective HIV prevention cannot be encapsulated in a neat little acronym like ABC. From what we see in Namibia and around the world, it is clear that HIV prevention communication has to be more complex. In addition, prevention messages must be complemented with life skills education, availability of health facilities, testing, treatment and law enforcement. As long as there is no cure to AIDS, comprehensive and integrated HIV prevention is the only way to stop the further spread of the epidemic. Based on the experiences with the ABC messages, we need to use a broader ABC to Z model to convey the full spectrum of opportunities to HIV prevention.

Parents, teachers, health workers, community leaders, religious leaders and parliamentarians have a vital role to play as role models and agents for change moving Namibia closer to becoming an HIV/AIDS free society. Therefore, in addition to targeted HIV prevention messages addressing the entire population and particularly high-risk groups, it is required that leaders advocate for social change aiming at constructing a Namibian society which empowers youth to adequately protect themselves from HIV and does not leave girls and women vulnerable to HIV, abuse, exploitation and violence due to relationships of unequal age, power and economic status. It is crucial that societal norms, poverty, and gender-imbalance are being part and parcel of these discussions.

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