



Abstinence in HIV prevention: science and sophistry

Kent Buse and colleagues (September, 2016)¹ make a compelling argument for HIV prevention initiatives to abandon educational interventions based on fidelity and abstinence. This approach is potentially hazardous and antithetical. It is important not to conflate the efficacy of the message with the persuasiveness of the messenger. The evidence is unquestionable that abstinence and fidelity reduce HIV transmission.² The fact that this message appears neither popular nor palatable cannot justify health-care professionals failing to praise the veracity of this message. Indeed it should encourage all involved in health-care promotion to re-evaluate the manner in which the message is delivered. For example, Buse and colleagues¹ clearly identify a problem, in some areas, where the fidelity and abstinence models of HIV prevention are expressed in pejorative terms relating to abuse and the risks of sex.

The US Centers for Disease Control and Prevention (CDC) on their information website³ place abstinence as the first practice to reduce the risk of HIV transmission. Furthermore, their HIV risk reduction tool⁴ also emphasises the primacy of abstinence in HIV prevention.³ Abstinence encompasses a range of behaviours including delaying sexual debut and reducing number of sexual partners. The tool states that "not having sex is the best way to prevent getting or transmitting HIV". A fundamental tenet of disease prevention in epidemiology is risk avoidance.

The CDC estimates that every day in the USA in excess of 3200 people younger than 18 years smoke their first cigarette. Furthermore, every day approximately 2100 youths and young adults who have been occasional smokers become daily cigarette smokers.⁴ However, the primary

message from the CDC is single-minded, uncompromising, and unequivocal that smoking kills and smoking cessation results in substantial health benefits.⁵ Evidence that this message does not dissuade the annual 1.2 million new smokers could never justify abdicating our professional responsibility to highlight behaviour and practices that engender low risk and those that attract high risk. The same would apply to diet, exercise, and sexuality. A sequitur from the logic presented by Buse and colleagues¹ would be that doctors telling people that doughnuts and high-sugar drinks are unhealthy does not deter people from eating such foods, so doctors should abstain from promoting this message as a core aim in healthy eating.⁶

The 2016 WHO guidance⁷ promotes pre-exposure prophylaxis for all populations with an incidence of HIV above three per 100 person-years. This guidance is, some ways, an indictment on the promotion of condoms in HIV prevention. However, WHO does not retract its message regarding the use of condoms. The authors undermine abstinence and fidelity, and yet remain taciturn on the efficacy and role for condoms in health promotion. The popularity or unpopularity of condoms does not deflect the fact that this barrier method of contraception reduces the risk of HIV transmission. The same applies to abstinence and fidelity. To argue otherwise can only be sophistry. As health-care professionals, it is important that we communicate responsible messages rather than popular ones.

We declare no competing interests.

Copyright © The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY license.

*Chika Edward Uzoigwe,
Luis Carlos Sanchez Franco
chika@doctors.org.uk

Orthopaedics, Harcour Building, Sheffield, Yorkshire S10 1DG, UK (CEU); and Department of Medicine, Stepping Hill Hospital, Stockport, UK (LCSF)

1 Buse K, Hildebrand M, Hawkes S. A farewell to abstinence and fidelity? *Lancet Glob Health* 2016; 4: e599–600.

- 2 US CDC. HIV/AIDS: prevention. 2016. <http://www.cdc.gov/hiv/basics/prevention.html> (accessed Sept 18, 2016).
- 3 US CDC. HIV: risk reduction tool. http://www.cdc.gov/hivrisk/decreased_risk/abstinence.html (accessed Sept 18, 2016).
- 4 US CDC. Smoking and tobacco use: fast facts. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/ (accessed Sept 18, 2016).
- 5 US CDC. Tips from former smokers. <http://www.cdc.gov/tobacco/campaign/tips/index.html> (accessed Sept 18, 2016).
- 6 US CDC. Overweight and obesity: childhood overweight and obesity. <http://www.cdc.gov/obesity/childhood/> (accessed Sept 18, 2016).
- 7 WHO. Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. 2016. http://apps.who.int/iris/bitstream/10665/208825/1/9789241549684_eng.pdf?ua=1 (accessed Sept 18, 2016).