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A Time for Frankness on AIDS and Africa

By PASCOAL MOCUMBI

MAPUTO, Mozambique — In the special United Nations session on AIDS next week, there will be much discussion about international aid, about drugs and vaccines. But there is likely to be too little said about what is the primary means by which AIDS is spread in sub-Saharan Africa: risky heterosexual sex.

AIDS is not like smallpox or polio. We may not be able to eliminate it simply with a one-time vaccination or course of shots for children, since new strains of H.I.V. are constantly evolving. And unlike the communicable killer diseases we have encountered most often in the past, H.I.V. is transmitted through the most intimate and private human relationships, through sexual violence and commercial sex; it proliferates because of women's poverty and inequality.

In Mozambique, the overall rate of H.I.V. infection among girls and young women — 15 percent — is twice that of boys their age, not because the girls are promiscuous, but because nearly three out of five are married by age 18, 40 percent of them to much older, sexually experienced men who may expose their wives to H.I.V. and sexually transmitted diseases. Similar patterns are common in other nations where H.I.V. is rapidly spreading. Abstinence is not an option for these child brides. Those who try to negotiate condom use commonly face violence or rejection. And in heterosexual sex, girls and women are biologically more vulnerable to infection than are boys or men.

As a father, I fear for the lives of my own children and their teenage friends. Though they have secure families, education, and the information and support they need to avoid risky sex, too few of their peers do.

As prime minister, I am horrified that we stand to lose most of a generation, maybe two. The United Nations estimates that 37 percent of the 16-year-olds in my country will die of AIDS before they are 30.

As a man, I know men's behavior must change, that we must raise boys differently, to have any hope of eradicating H.I.V. and preventing the emergence of another such scourge.

In 1994, at the International Conference on Population and Development, and again in 1995, 1999 and 2000, most nations agreed that adolescents have a right to information about their sexuality. We agreed that programs should help build adolescent girls' self-confidence and boys' respect for girls' rights. We agreed to develop both adolescent-friendly health services and the education and training that will give young people hope.

Today, in Africa and elsewhere, we are far from achieving these goals. Most political leaders still view adolescent sex as a politically volatile subject to be avoided. Community and religious leaders wrongly believe that sexuality education promotes promiscuity. Health providers and teachers are ill-trained about sexuality and ill at ease with it. Parents know little about sexuality, contraception or sexually transmitted diseases, and many believe that early marriage will "protect" their daughters. They may themselves condone or perpetrate sexual violence as a legitimate expression of masculinity.

For the long term, we need to develop H.I.V. vaccines and provide treatment to everyone with H.I.V. We need to develop protection methods like microbicides that women can use with or without a partner's knowledge or cooperation. Above all, we must summon the courage to talk frankly and constructively about sexuality. We must recognize the pressures on our children to have sex that is neither safe nor loving. We must provide them with information, communications skills and, yes, condoms.

To change fundamentally how girls and boys learn to relate to each other and how men treat girls and women is slow, painstaking work. But surely our children's lives are worth the effort.

Pascoal Mocumbi, prime minister of Mozambique and its former minister of health, is a physician and a board member of the International Women's Health Coalition.