



Amy Johnson, a student from England, comforts an Aids-orphaned child at Nyumbani, a hospice in Langata, Nairobi.

For many mothers, fate has been cruel

"Ten years ago, the words fell like a bombshell on my ears," says Natalie Mbuthia (not her real name). "Without any counselling, as that was the norm then, I was told that I was HIV positive."

Natalie had got married the same year in which all her dreams were shattered. "True, I was not married formally," says Natalie. "But in our hearts, we had decided that it was for real, for better for worse, in sickness and in health. We never thought that death was to separate us so soon."

Restless nights followed the knowledge of her situation. She believed the doctor because she had to make more than the usual number of visits to a clinic after the delivery of her son. At times, she had wondered about the regular tests the medics were carrying out on her.

Finally, she was told the bad news.

"My husband, to whom I broke the news immediately, was devastated. He stayed away from work for several night shifts."

"I asked myself over and over again 'God, what about my son? Why me? I am not a prostitute. I have not slept around...' Her anguish was profound. She begged God that her son would test negative, particularly after her husband, who agreed to be tested immediately, was also pronounced positive."

"The new disease, then, confused us greatly. 'We will get cured,' he would tell me. He followed up developments on the possible discovery of a cure. Kemron was his favourite topic. He kept newspaper cuttings. Initially, the news made him very loving and affectionate," Natalie recounts.

This led to the conception of their second child who only lived for seven months. Her first son, who is positive, is still alive and in school.

Natalie tells how her bitterness grew as she blamed her husband for bringing the disease upon the family. She knew without doubt that he was the one because a woman he had cohabited with before he married Natalie had died of Aids.

Three years on, after the diagnosis, the couple separated. This had been preceded by violence and total discord in the home.

Natalie remembers how difficult she found it to live with her husband. She could not bring herself to serve him meals. "At times, I would throw a cup at him during breakfast." She would fling anything at him — just to hurt him.

Five years later, he died. Natalie says that is the only man she will

ever love and that she misses him greatly.

She looks quite well for a person who has had HIV for 10 years. However, she endures a lot of pain at night. "You might not believe I am the same person if you see me after one of my nights of suffering."

Natalie feels deeply touched when she looks at her son. "I often ask God to reserve for him the best place in heaven because he is innocent. Over and over again, I repent of all my sins. I ask my God to keep me alive. I marvel at how many funerals I have attended after thinking that the next one would be mine. Strangely, I live on, I know it won't be forever, but then, no one is here forever."

Natalie could not count on her immediate family for help.

□ Jane Nyawira (not her real name) is 28. Her husband passed away early this year after a bout of pneumonia. When his postmortem results were released, they indicated she was HIV positive. In her years with him, they had had sour moments which led to months of separation. Jane's in-laws blame her for his infection.

Her in-laws say she cannot inherit her husband's property because she will probably live for only a few more years.

Jane has suffered trauma because at the time her husband died, she had a dry cough. It became psychological torture, too much to bear because her son was also coughing.

Eventually, after months, the two got over the cough. Recently, she plucked up courage to take a HIV test and she is negative.

"But, who knows... they say this disease can hide in your body for years, and then just appear. As for my son, why is it that his little wounds take so long to heal?"

□ "I know that my husband has girlfriends," says Atieno Yakas (not her real name). Atieno is worried because he will not discuss Aids with her. In fact, he says he cannot use condoms and she has no choice but to toe the line.

"Why is life so unfair to women? I cannot leave him because I have four of his children and he will not change. Who will deliver me from this?" laments Atieno.

Interestingly, Atieno's husband will discuss condoms when an ad appears on TV. But only to say that condoms are unchristian and ungodly things to advertise.

Atieno fears that her children think that condoms are bad and believe that their father is a holy man. — PHILO IKONYA

'In future there will be many depressed

By PHILO IKONYA

In a candlelight ceremony for those who had died of Aids two years ago, Attorney General Amos Wako read these words out to those present: "With these candles, we honour the memory of those who have died of Aids and assert that we vigorously protect the civil rights of all people living with HIV/Aids."

The words were quoted in a Kenya Aids Society newsletter that paid special tribute to Jane, Njoki, Josephine and Catherine because they had not only learnt to live with Aids but also tried to teach others how to do so before they died.

Jane, Njoki, Josephine and Catherine were but a few brave women among many sufferers of the scourge that seems to hit women harder than men.

"It is a time not only to grieve but a time of community anger, action and hope. Anger for being robbed of the glorious experience of life," Mr Wako lamented.

Two years later, the world has continued to light more candles in more such ceremonies. More and more people are infected with HIV/Aids and the dreams of their lives are shattered.

In Kenya, we now have more than 1.2 million cases of HIV/Aids and the majority of the infected are women: "Presently women are one and a half times more infected than their male counterparts," says a research paper by Dr J. Onsongo, Prof P. Kenya and a senior nurse, Mrs Gatei.

A situation analysis prepared last month by the National Aids/STD Control Programme says that "more than half the people now infected with HIV/Aids in Kenya are women in the age group 15 to 30, with the highest prevalence in the age group 19 to 25."

Most of the 4.5 million women of child-bearing age in Kenya are in this age group which is most at risk.

As a consequence, many children are born HIV-positive.

Dr Sobbie Mulindi, senior lecturer and consultant in the University of Nairobi's Department of Psychiatry and current chairman of HIV/Aids Committee at Kenyatta National Hospital, says that women sufferers are in the majority.

"The vulnerability of women in Kenya is greater than that of men for many reasons, among them the fact that women are poor and lack independence in many ways. It is simple, women have little say in sexual matters, they do not initiate sexual encounters. They lack information on reproductive health. Rape as a social crime is increasing and unless some measures are taken to eliminate this trend, many girls and women who may never have acquired Aids will be infected."

Experts say women are more easily infected with Aids because of their biological make-up. Their genital tract holds the seminal fluid long after sexual intercourse, posing obvious danger when the fluid is infected with disease.

Immaturity of the genital tract in young girls makes them easy prey of



An Aids patient at a clinic in rural Zambia: "Women suffer more emotionally and, unlike men, they talk about their pain."

the virus.

Hormone changes associated with pregnancy and use of hormonal contraceptives make women more vulnerable to HIV infection. It is made worse by the fact that many STDs go unnoticed in women until they reach an advanced stage.

Economic factors increase women's vulnerability to Aids. Poverty leads many to high-risk preoccupations, such as prostitution.

Dr David Lugaria, a general practitioner now training in surgery at Kenyatta National Hospital, says that "some of them have reached a point where they do not even care."

Dr Lugaria, who previously worked in a district hospital in Western Kenya, says he once met a woman who was boasting that many men would die because of her — her sex clients. "She had made a list of them and read it to me boastfully."

The doctor — who attends to HIV-positive patients — feels particularly sorry "for the innocent rural woman who has been faithful to her spouse but comes to discover that she is HIV-pos-

itive. I have treated such patients and the trauma is a big one."

"Though the physical pain of any one disease may be the same for all human beings," says Dr Lugaria, "psychological pain never is. Women suffer more emotionally and, unlike men, they talk about their pain. Women suffer more because they live closer to the fact that they are mothers. HIV-infected women are advised not to breastfeed. That in itself is enough to traumatise them. They don't enjoy expressing and throwing away their breastmilk, which is the best food for babies. Some cultures also disapprove of a mother throwing away her breastmilk. Many expectant mothers are in shock to learn they are HIV positive."

Women who have no child, on learning they carry the Aids virus, are anxious to have at least one baby to survive them when eventually they succumb to the infection. However, Dr Lugaria says, they suffer a double blow in their quest. "At this stage they are advised not to conceive although they insist on having a baby to leave behind. They hope that the baby will

Move to test all mothers

Washington: Testing for the Aids virus should become a routine part of pregnant women's prenatal care, a policy change that could help more mothers-to-be get treatment that can protect their babies from infection, a panel of medical experts told Congress last week.

The recommendation by the Institute of Medicine is sure to be controversial.

The idea is for HIV testing to be just another one of the battery of tests, such as the test for syphilis, that pregnant women normally get, said the institute, which advises the federal government.

"The message to women is, this is a disease for which we can do a great deal right now," said Dr. Marie McCormick of Har-

vard University, who chaired the study. "If you find you're positive, there's a great deal we can do to keep you healthy and, more importantly, to prevent transmission to your child."

Under the recommendation, doctors would tell women they will automatically be tested for HIV as part of regular prenatal care unless they object. Women must be given a chance to refuse, the report stressed.

Taking the drug AZT during pregnancy significantly cuts an infected woman's chances of spreading the deadly virus to her baby. The AZT discovery caused births of HIV-infected babies to plummet 43 per cent between 1992 and 1996.

—AP



Pregnant women may have to be tested for HIV as part of regular prenatal care.