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Aids hits 'barehand' midwives

Due to the nature of their work, traditional birth attendants are among the major high risk groups

The rate of Human-Immuno-Deficiency Virus (HIV) infection among traditional birth attendants (TBAs) could interrupt the community-based delivery system for the poor in Kenya.

And if what is happening in Kibera, one of Nairobi's slums, is happening elsewhere, then the situation is quite bad.

In this particular slum, there are many TBAs, who believe they contracted the Aids virus from their clients.

At least two TBAs who developed full blown Aids have been forced out of marriage. They are blaming inadequate information on how Aids is contracted for their predicament.

Since the disease rocked the country in the mid-1980s, Aids prevention information has concentrated on sexual transmission with many a tale from ex-prostitutes and other promiscuous persons - creating a misconception

By ALEX DIANG'A

that sexual contact is the sole route of Aids transmission.

Rosemary Omuga, 40, who lives at Kisumu Ndogo, one of the 10 villages of Kibera, says she has led a decent life and does not understand how she would have contracted the disease save through her midwifery services.

"Through these services, I have been able to earn an honest living for myself and my family but now I am sliding into destitution," says the mother of four.

"I have been left with little choice for survival as I battle the disease at the same time trying to fend for my dependants," she says.

With this little income, Omuga assisted her husband, a manual worker at Nairobi's Industrial Area.

"It is only recently that I have

been informed that other than having sexual contact, one could contract HIV/Aids through other means, such as handling contaminated blood with bare hands," says Omuga.

Few TBAs have been known to use gloves in their work, exposing both patients and themselves to the risk of contracting Aids.

After several months of erratic health, Omuga was advised to take an HIV test, which turned out positive.

It was not until two weeks later that the slightly built woman gathered the courage to reveal the results to her husband.

"When I disclosed the results to him, he sent me away together with the children," she says.

For Truphena Amwayi, 30, life as a TBA lasted just over six years. She started work in 1986 and was carrying on normally until she agreed to join nine other TBAs for an HIV test in 1992.

"Astonishingly, three of us were diagnosed positive," says Amwayi. "The experience was traumatic as I struggled with how to break the news to my husband.

When I eventually did, he abandoned me," she says.

Amwayi is also convinced that she got the virus through handling infected blood without gloves. Her husband has since been counselled and gone back to her.

Amwayi and Omuga were among the delegates who attended the Adolescent Fertility Management Seminar which brought together over 200 youths from local schools and colleges in Nairobi recently.

The two are among a group of people with Aids, who have been recruited by Aids prevention groups to go around the country spreading messages of prevention amidst the hopelessness that is Aids.

Unable to practice midwifery, these women now live and support their dependants on stipends from charities for the Aids outreach services.

The National Aids Control Committee/Programme (NACC/P) says between 80 and 90 per cent of Aids cases in Kenya were infected through heterosexual contact. Careless handling of contaminated blood, circumcision, ear piercing, and mother-to-child account for most of the remaining 10 to 20 per cent of Aids cases.



A traditional birth attendant with some of her tools. Contact with HIV-infected blood is risky to her life. (File Picture)

"For this reason, we place more prevention emphasis on sex," says NACP epidemiologist, Dr Mboya Okeyo.

Okeyo stresses, however, that transmission possibilities are only two per cent through intercourse, as compared to 90 per cent in cuts inflicted by contaminated equipment.

"TBAs are at risk of HIV infection if they have cuts and handle infected blood," says the epidemiologist.

According to a recent report researched and compiled for a London-based communications and research institute, Panos by IRIS, more pregnant women have had to turn to TBAs since cost sharing was introduced in medical services under the World Bank initiated Structural Adjustment Programmes (SAPs).

According to the report, over 70 per cent of Kibera's deliveries are done by TBAs, who are known to use the same instrument without sterilising it to cut the umbilical cords of two or more children born at close intervals. Such a situation could aggravate the spread of the Aids among infants.

The risks Kibera mothers, children, and TBAs face are closely linked to economic considerations in the spread of Aids.

Most urban slums and rural areas have poor and inadequate medical services.

Where the services are available, medical supplies, including gloves and disposable syringes, are in extremely short supply.

Living far from the services, registered medical outlets, and unable to afford professional ser-

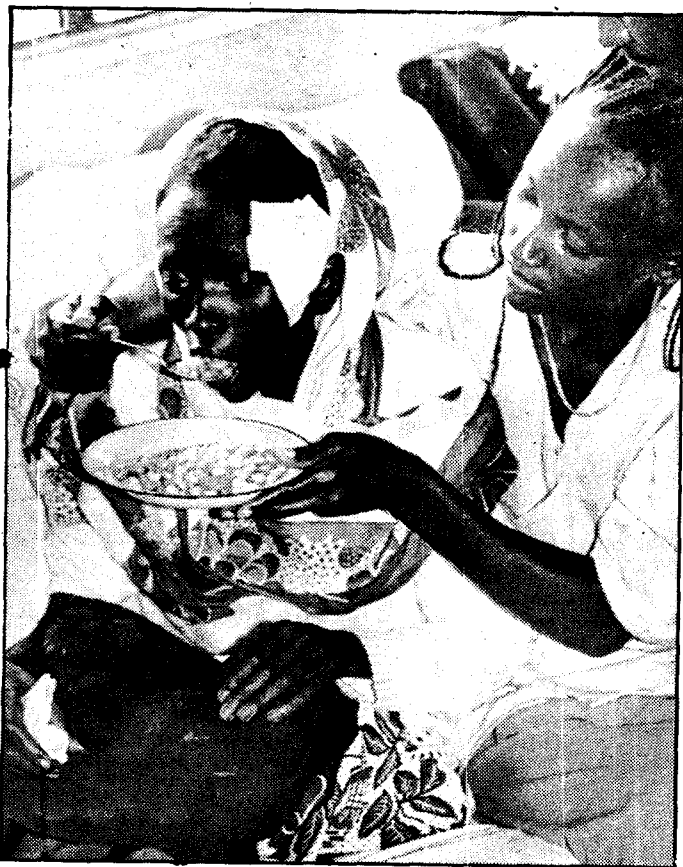
vices, expectant mothers in rural areas and urban slums have traditionally been assisted by TBAs.

The Ministry of Health says 80 per cent of deliveries countrywide are assisted by TBAs, raising concern over sterilisation shortcomings.

While these conditions of poverty and deprivation persist, the battle against the spread of Aids through immorality may be won but the overall war against the disease will generally remain lost, especially in the developing countries.

Official estimates show over 1.5 million Kenyans will be infected with HIV by the year 2000. Up to 900,000 adults and 200,000 children will perish from Aids by the same year.

- An IRIS Feature



An Aids victim being fed. Ignorance about the disease's mode of transmission is rampant among slum dwellers.