Inside a VCT centre for the deaf

Most first-time clients know nothing about HIV and Aids

By CLAY MUGANDA

he dark blue sign board with gold let-

tering is no different from all others that announce Voluntary Counselling and Testing centres for HIV/Aids all over the country.

In fact, it is easy to miss the sign altogether, given that it is fighting for space with numerous others announcing colleges, boutiques, salons, a supermarket, a bank, bars and wine shops at Enren Centre in Buru Buru Phase I. But the

salons, a supermarket, a bank, bars and wine shops at Epren Centre in Buru Buru Phase I. But the services offered in Room 20 on the fourth floor of the multi-purpose building are unique: it is the only VCT centre in the country that caters for deaf people.

Long ignored in the HIV/Aids awareness campaigns, deaf people can now learn all there is to know about Aids at this centre, which is staffed with people who can communicate using sign language.

"We do more than just counsel and test deaf people for HIV," says Henry Maina, 29. "When they come here, they realise that there is so much they did not know about this virus."

Maina is one of two counsellors who work at the centre, run for and by deaf people, but which also caters for the hearing, albeit for a nominal fee of \$150.

"The biggest problem is lack of information," Maina says. "Thus it takes us more time than it would take a counsellor dealing with hearing clients."

Ignorance

Many of those who come to the centre have no knowledge of HIV/Aids whatsoever. "We, therefore, have to educate them before embarking on pre-test counselling, and that takes time," he says, adding that they are forced to work long, odd hours. In most, if not all, the country's major hospitals, there are no sign language interpreters making communication between health care workers and deaf patients difficult.

"There are, therefore, many deaf people who have sexually transmitted infections but by the time they come here, the infections are advanced," Maina discloses. "So we give them an interpreter to take them to hospital. But this is also a problem, because we need someone they can confide in, and who will not divulge that information."

But that is not the only problem they face. Although the counselling is supposed to prepare the clients in case they test positive, some get angry when they learn they are infected.

"Some do not believe the results," says Leah Omondi, a sign language interpreter who doubles up as a counsellor. "The results are greeted with a n g e r, shock, disbelief and disappointment." "They get angry at the results," Leah explains. "They get annoyed with themselves. They get angry at the fact that they lacked information on how to protect themselves. But with posttest counselling, they get to understand that all is



Photos/Thomas Mukoya

Boniface Inyanya demonstrates how sign language is used to educate clients about HIV/Aids.

not lost and that they can live positively and how to do it."

The counsellors have, therefore, found a way around this, and instead of announcing the outcome, they show deaf people how the testing kit works, then leave it for them to interpret the results

"The biggest problem is awareness," explains Boniface Inyanya, the centre's coordinator. "Many of our clients get annoyed because they don't know what kind of behaviour causes one to get HIV/Aids."

Inyanya says he used to watch television and realised that the information on HIV/Aids targeted only the hearing.

"I never saw any HIV/Aids awareness programmes or anyone opening a VCT centre with deaf people in mind," signs Inyanya, who is also deaf. "I realised then that those with impaired hearing who visited these centres must have had problems communicating, just like a hearing person would have a problem being attended to by a deaf person."

Suffering in silence

"We have continued suffering, in silence — literally," he laments.

"It is as if we are not important and what affects other people does not affect us," he says of the private and government agencies in the field of HIV/ Aids and related activities. "But they later agreed to work with us, though on a small scale."

Inyanya says many hearing people give handouts to deaf people, a large number of whom have no source of income, yet in some cases, it is this same money that is killing them.

"When they get money, deaf people want to dress and live well, and end up engaging in risky sexual behaviour, without the benefit of knowledge about HIV/Aids. It is the money that is killing them," he says. "Infection among deaf women is also high because many of those who have no money will do anything to get it."

He also says there are also deaf prostitutes who only "understand the language of money" and cannot communicate anything else to their hearing sexual partners. Therefore, they contract sexually transmitted infections (STIs) and spread them to deaf men, who further spread it among the deaf women and even men, since there are deaf homosexuals and drug addicts.

Many cases of STIs

"A high percentage of deaf people are HIV-positive, considering that there are not many deaf people, and many of them have STIs but do not know it is a disease," he says, adding that that is all the more the reason why they should get free or subsidised medical care, because they are also comparatively poor. "There are very few job opportunities for the deaf," he notes.

"These campaigns should have a provision for deaf people and all provincial and district hospitals as well as government dispensaries should have workers who understand sign language," says Susan Mwikali Mugambi, Miss Disability 2003 first runners-up, who works at the VCT as a community mobiliser. "The deaf should, in fact, get free drugs because there are no job opportunities for them."

Mwikali's job involves going to places where the deaf congregate and informing them about HIV/Aids and the VCT centre. She also teaches deaf people at seminars organised by the Kenya National Deaf HIV/Aids Education Programme.

"We go out and teach the (deaf) people about HIV/Aids, some come here and get tested and find out they are infected," Mwikali says. "But what do we do with them after that, knowing very well that they cannot afford drugs because they do not have money. The government has really forgotten the deaf," she says.

This is the reason why deaf prostitutes cannot change their behaviour because they have no other means of income, says community mobiliser Josephine Shisia.

"They can understand the need to live risk-free

lives, but since they can only get money through prostitution, they are unlikely to change their behaviour," she says.

On the charge that the government has forgotten them, they cite the example of the Women's HIV/Aids Conference at Kasarani in February this year, where no deaf woman, or a representative from the Kenya National Deaf HIV/Aids Education Programme, was invited.

"When we tried to register at the Kenyatta International Conference Centre after learning of the conference, one woman would hear none of it, saying the deaf do not know anything about HIV/Aids and cannot lead an awareness programme," says Mwikali. "Yet this is precisely why the deaf should have been represented at the conference."

She adds that they then followed the group to Kasarani, where they were physically prevented from entering and since they could not hear what was being said, they left.

Equally vulnerable

"Such is the attitude of the hearing toward the deaf, and it is so bad when women have such an attitude, given that our bodies are the same and we are all just as vulnerable as the hearing." she added.

The VCT Centre was started by Inyanya, with the assistance of the Nairobi Association for the Deaf, in October 2003. The counsellors were trained by Liverpool, a non-governmental organisation (NGO)that runs VCTs. The NGO took 14 people for the initial training at the International Bible Society.

Upon completion of their training, they were interviewed and four were employed at the VCT Centre for the deaf—two as counsellors and two as community mobilisers. The remaining were taken for further training and are working as counsellors for mobile VCTs catering for the deaf.

The VCT centre has five members of staff, four of whom are deaf; only the sign language interpreter can hear. It handles an average of 30 clients daily.



Counsellor Henry Maina explains how an HIV test kit works.



Community mobiliser Susan Mwikali, left, and right, Leah Omondi, sign language interpreter.