

Church takes action to contain killer

HEALTH

By ANTHONY NJAGI

The Presbyterian Church of East Africa has initiated a programme to check the rapid spread of Aids.

Apart from holding public seminars and workshops, the church has started an intensive training course for community-based awareness of the disease in the grassroots.

The first group of educators graduated last week and were awarded certificates after a year of training in both theory and practical aspects of creating awareness in the grassroots.

The 14 students will be based in Rift Valley Province and have been mandated and trained to educate the public in homes, market-places and other gatherings including schools.

Other teams of trainers are being taught in other provinces in order to conduct awareness campaigns among rural folk who have no access to the hard facts of the Aids scourge.

According to the co-ordinator of the church's health board, Dr Rick Allan, the educators have been equipped with basic facts on Aids to demystify the disease to ordinary people by providing these facts in a simple manner.

The trainers are also being trained in the art of communication in order to talk freely and openly with all age groups.

In many parts of the country, says the church's director of communication, Rev Joseph Ngare, who is also a trainer, sex and related subjects are taboo topics which makes it very hard to increase knowledge on issues like Aids.

"By training these educators in the art of subtle communication," says Rev Ngare, "we hope to give them the ability to talk openly with all people."



Joining hands to fight Aids: Graduates get set to fight HIV/Aids after graduating as community-based trainers in a programme run by the Presbyterian Church of East Africa.

Dr Richard Allen, the health co-ordinator, says the emphasis is being laid on the youth.

"This group is most affected and is at the highest risk of contracting the disease since they are the most active. But this does not mean elder members of the society are being neglected," says Dr Allen.

According to the church's director of social responsibility, Mr Francis Kihiko, PCEA has for the last five years been involved in community-based Aids awareness programmes country wide.

Mr Kihiko said a plan of action was officially put in place during a symposium held at the Limuru Conference Centre which was attended by hundreds of clergymen, church leaders and other parties.

Clerics have been given basic facts on awareness creation and presently focus on the message of

Aids and its dangers.

Speaking during the graduation of educators, PCEA Secretary general, Rev Patrick Rukenya, said that the next group will graduate in November at Kiboswa in Nyanza and January next year in Central.

Rev Rukenya said that all educators will be backed by the church and will be introduced officially to concerned government ministries so that they can be recognised in their duties.

Among the graduands were teachers, business people, nurses and farmers.

Their ages varied, though the majority were young.

Among them was an Ol-Kalao hospital nurse, Julia Wambui Mugo, who says that despite having the basic scientific facts on Aids before the course, she learned a lot in the art of commu-

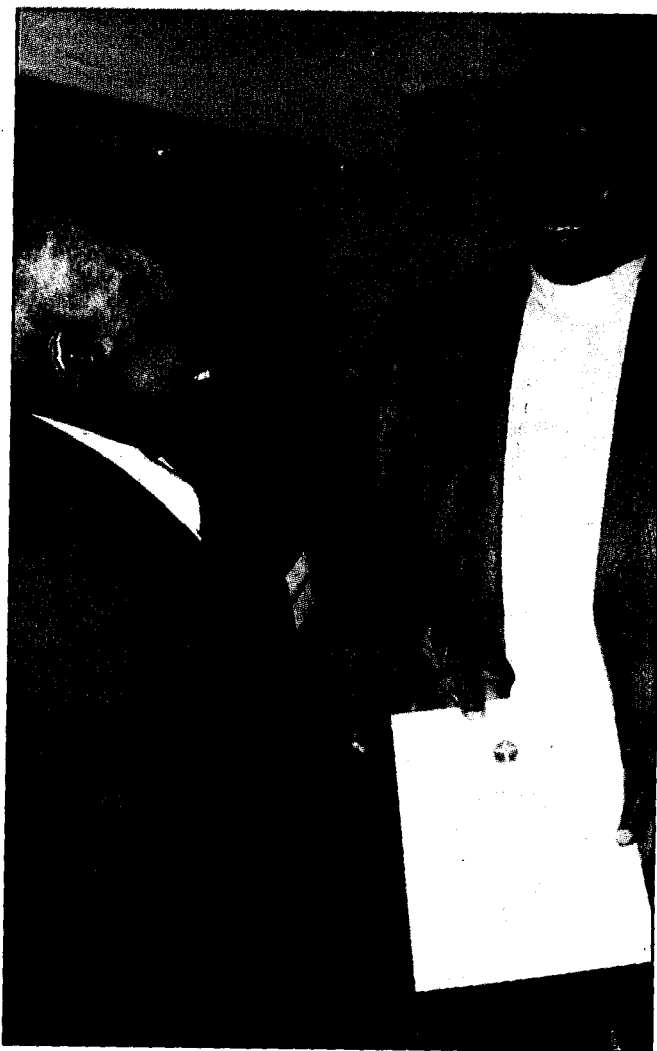
nication and data collection, to mention but a few aspects handled by the course.

Others who got certificates in the ceremony that was held in Tewan Plaza Hall, Ol-Kalao, were Mzee Peter Warugongo, a retired medic, Jane Ndiga, a business woman, P G Gitau, an education officer based in Laikipia District and Fred Kiragu, also an education officer based in Samburu District.

In April this year, the General Administration Committee (GCA) met at Kimathi Secondary school in Nyeri and passed a resolution to support family life education.

The participants decided that it was time the church introduced the Aids programme to fight the spread of aids.

Mr Kihiko told the graduates that Aids has had a significant ef-



Mzee Peter Warugongo receives a certificate from PCEA Secretary General after he graduated as an Aids awareness educator.

fect on the demographic composition of the population and economic structure of the country.

"It is time all joined hands in the fight against Aids since it has

brought hardship to families, increased expenditure and adversely affected the development of the country, Mr Kihiko said.

Youth vulnerability to Aids on the rise

By ARTHUR OKWEMBAH

Seventeen-year-old Kamau is at the apex of his youth; enjoying life with enthusiasm. Kamau often brags to his friends of his sexual escapades. He has the freedom to change his sexual partners with ease.

Jane, Kamau's agemate, also lives on the fast lane. She is able to maintain three affairs. She even boasts that none of the men has an inkling of what is going on.

Kamau and Jane have suicidal tendencies prevalent among today's youth. With the backdrop of HIV/Aids scourge, this kind of bravado is worrying for any society.

"The times when our parents used to pride at the number of girls they were able to date are long gone. With the Aids scourge, the reception is different, parents are more worried about their sons who exhibit this behaviour," a man infected with HIV/Aids recently told a workshop.

In their book *communicating with Adolescents on HIV/Aids in East and Southern Africa*, Dr Ruth Nduati and Ms. Wambui Kiai, say that: "Youth continue to be exposed to multiple partners without any form of protection even though they recognise the inherent risk of HIV in individuals with multiple partners."

"More worrying and devastating is the fact that 75 per cent of those infected with HIV/Aids are the youth under 25 years of age," says Dr Sobbie Mulindi.

The 75 per cent infection implies that, out of the 1.3 million HIV cases reported in 1998 Kenya Demographic and Health Survey (KDHS), 975,000 cases are among the youth.

"Things are bad. I have just attended to a young girl of 25. She is expecting her first child and she is infected with HIV," says Dr Mulindi.

Dr Mulindi who is a founder member of National Aids Control Programme and Chairman of the Information, Education and Communication (IEC) National Aids sub-committee says "Most of the youth get infected as early as 13. In most cases, they realise their HIV status when they are expecting their first child, maybe in their early 20s," says Dr Mulindi.

Many are healthy carriers. And with the HIV incubation period ranging from three to 10 years, it takes

long before their systems cave in to full blown Aids.

This makes the infection of the disease among the youth spread like a bush fire.

"Most of the youth are sexually active. Now tell me, if they have a chain of lovers and their lovers have another chain, at what rate will the disease eat into the entire society," wonders Mrs Mary Munala, an inhabitant of Luanda in Vigiha District.

Both Mrs Munala and Dr Mulindi share similar worries: "Our adolescents are having more sexual partners and casual relationships than before."

Dr Mulindi says in such scenario, women are most vulnerable to infections. Scientists and medical researchers say that the major reason for this vulnerability is the woman's anatomical structure. They have a larger mucosal surface (tissue which lines internal passages in the body) which is delicate and tears easily during sexual intercourse. This gives a direct route entry for the HIV virus.

"Adolescents become involved in sex probably for survival reasons. Poverty may explain their limited knowledge and involvement in high risk sexual encounters," says Dr Nduati and Ms Kiai in their book.

Even as poverty pushes them to multiple sex encounters, studies show that youth rarely heed to safe sex once in the act. Though the condom has been celebrated as commanding a safety probability of more than 98 per cent and one which can protect the youth against HIV/Aids, it is a method, which is rarely adopted. Abstinence from condom use by the youth, during sex, carries its own explanations, some of which are wild.

A majority of the youth, claim that sex with a condom deprives them of the ultimate enjoyment: "How can you derive satisfaction from a wrapped sweet?" John Ndung'u, a form three student poses in direct reference to having sex with a condom.

"The problem with the condom, besides failing to offer maximum satisfaction, may remain inside me, and cause health problems," adds 14-year-old Susan Kimo.

While Odhiambo who is aged 17, claims that when he has sex with either of his two partners, he uses a condom in the preliminary stage of the sex act. He believes that the condom clears all viruses. He therefore proceeds with the act unprotected.

Dr Mulindi terms these kinds of misconceptions as purely psychological. "Sex is equally enjoyable even with the condom." He warns "indulging in unprotected sex these days is tantamount to committing suicide."

According to a 1998 situation analysis for National Aids/STD Control Programme (NASOP), less than 10 per cent of the Kenyan population uses condoms and even then not consistently.

The KDHS 1998 survey reveals that, though an average of 97 per cent women and 99.5 per cent men between the ages 15-29 have an idea about the condom. Approximately 16.7 per cent and 7.3 per cent of women in this age group use condoms regularly. An average of 43.3 per cent and 34.8 per cent men in the same age group use condoms regularly.

The problem of low condom use is compounded by the youth's perception of the risk of getting Aids. Between the ages 15-29, 31.7 per cent men and 34.2 per cent women on average, believe there is no risk at all of getting Aids, according to KDHS. Of the women, 45.0 per cent of those between 15-19 years see no risk of getting Aids.

The same age group of 15-19 years, is identified with increasing sexual activity, a factor predisposing them to HIV/Aids. With improved diet, fertility rate has increased, with girls as young as eight years old becoming mature at the onset of their menstruation," says Dr Mulindi.

Other factors contributing to the spread of Aids are unemployment, alcoholism and drug abuse, urbanisation as well as media influence and breakdown of traditional values.

Though interventions to tackle these problems have been formulated, they are yet to be implemented, and in cases where they have been implemented, they have not made any headway.

"One of the reason why we are not making headway in combating the HIV/Aids problem on groups like the youth, is lack of political commitment and support. We have good policy papers, but they have not been implemented fully," explains Dr Mulindi.

Policy documents like National Reproductive Health Strategy (NRHS) which tries to address the problem of the youth, Sessional papers on Aids and Population and the right of the child are yet to be effectively implemented.

Information empowerment of the youth through the implementation of policies such as the Family Life Education (FLE) in schools, though seen as key intervention to tackling the Aids scourge among the youth, the government is yet to implement it.

In their project Dr Nduati and Ms Kiai say that besides school-based programmes offering access to large numbers of the youth, there are no other institutions that children attend regularly before initiating behaviour that puts them at risks of STDs/HIV/Aids.

However, the FLE policy has been plunged into controversy, with its opponents claiming that the implementation of the policy will in itself lead to increased premarital sex among the youth, since the teachers are not trained to communicate sexual messages. Consequently, the government apparently fearing lack of popular support in the implementation of the FLE policy, has recoiled.

What is not realised is that, failure to implement this policy by the government is in contravention of the provisions of three key documents: the blue print of 1994 International Conference on Population and Development dubbed as the Cairo Plan of Action and The Convention on the Rights of the Child (CRC), all of which Kenya has ratified. And the Constitution.

Cap 4 section 79 of the constitution, says in part: "Except with his own consent, no person shall be hindered in the enjoyment of his freedom of expression, that is to say, freedom to receive ideas and hold information without interference."

Action 7.37 of the Cairo conference, calls upon governments to give support to integral sexual education and services for young people. "Education efforts should begin within the family unit, in the community and in the schools at an appropriate age..." says part of action 7.37.

With article 13 of CRC explicitly providing that: "The child shall have the right to freedom of expression, which will include right to express his or her views, obtain information, make ideas or information known, regardless of frontiers."

Although the Kenyan Constitution, the CRC and the Cairo Plan of Action provide for free access to information, the government has failed in its obligation as a protector of its citizens. It has not availed information and material crucial in saving the lives of millions of Kenya's youth.