

SPECIAL REPORT



Irene W. Njugu: Victimised for working with Aids victims

Asunta Wagura: death sentence

Govt policy: Little progress made so far

Since the first Aids case was reported in the country in 1984, the disease has continued to spread at an alarming rate with recent figures given by medical authorities standing at 420 deaths a day.

According to a *Unicef* report, an estimated 1.3 million Kenyans were infected with HIV by September, 1997. Currently, there are over two million cases of which 100,000 are children.

One of the major consequences of Aids in Kenya is that it has reduced life expectancy and increased the incidence of illness and death among children.

A report made a week ago gave a very bleak picture of children dropping out of school at an alarming rate as a result of Aids. They either lose both parents to Aids, or become infected themselves.

Another report says that 20 per cent of students in secondary school and colleges are HIV positive. This means that one in every 15 students are infected with the deadly virus. At risk are students between the ages of 15-19.

The above figures show that our children are not only aware of sexual matters, but also become sexually active at a very tender age.

Vigorous public awareness is yet to take root in Kenya. Since the first victim went public about Aids in the early 1990s, it is interesting to note that little has changed in the way that Aids victims are handled in the society or the way the stigma still persists.

For a developing country like Kenya, to lose Sh210 million each year due to HIV/Aids, shows that urgent measures need to be taken if the disease is to be contained.

The stigma attached to Aids in Kenya has to be fought the way Uganda did, when entire villages and families were wiped out by the disease.

"Where there is stigma against people living with HIV/Aids, they will be segregated and they will be more dangerous in the background than the virus itself," Dr. Sam Okware,

Uganda's Commissioner for Health Services said recently. The stigma discourages the "infected and affected" people and their families from going for counselling.

A lot needs to be done about the Aids policy if the message is to reach everyone in the country.

For instance, when the sessional paper No. 4 of 1997 on Aids in Kenya was tabled in Parliament by the then Minister for Health, Gen (Rtd) Jackson Mulinge, policy statements were made with the understanding that the Government's commitment will go beyond the development of this Sessional Paper.

Some of the major issues that were recommended and that needed serious consideration were: continued monitoring of the prevalence and trends of the epidemic, strengthening surveillance systems, drawing strategic plans to address critical areas in Aids related activities, mandating relevant institutions to collect data on Aids and factors that influence its spread and ensuring that research findings are accessible to the users at all levels.

On the economic front, the government has to consider development of new strategies for recourse mobilisation for Aids/STD prevention activities. With the recent donor funding to educate people and fight the disease, this should not be a problem if the money is not misappropriated. There has been many cases of misuse of funds earmarked for Aids programmes in Kenya both by government agents and NGO's claiming to be the victims.

Free education and social support to orphans should be implemented. It should also ensure proper co-ordination of research on Aids and Sexually Transmitted Diseases and also advocate for a National Social Policy to address social-cultural factors that influence transmission of HIV or its containment. The list of awaited promises is endless and the actions are minimal.

If the government intends to fight the scourge successfully, it has to start with making use of the contents of the sessional paper No. 4 on Aids now.

Aids infected tell of social st

Stories By WANJA GITHINJI

In a dedication to the book, *Women and Aids*, Marge Berer and Sunanda Ray say: "If we want to end the epidemic of HIV, a virus which has above all taken advantage of how all of us across the world live, our sexuality, it is our relationships that we must start to question and transform. Whether our experience in sexual relationships has been positive or negative, we are taught not to reveal it. Perhaps if we begin to name our experience openly, we will help each others find the strength to value ourselves and our own needs more, and to take more pride in ourselves as women. Perhaps, then, more of us will be able to seek what we want, refuse what we do not want, and express our sexuality instead of hiding it where it cannot be exposed and destroyed. Only then can our relationships become safe for us as well."

This reflects the kind of message that members of Kenya Network of Women with Aids (Kenwa) want every woman (and man) in Kenya to take seriously, if Aids is to be confronted. Recent statistics show that more than 420 people in Kenya die daily of Aids related illnesses.

"The worst realisation is that few of us afflicted with the virus have signs of the illness which is one of the reasons that many people fall prey to Aids," says Asunta Wagura, 35, an activist for women with Aids and the co-ordinator of Kenwa since it was established two years ago. Nothing in her outward appearance would betray the fact she is afflicted, but she has carried the virus for the past 10 years and has learnt not only to live with it but to help others live with it too.

Her journey with Aids has been very difficult. She remembers "the day I was sentenced to death" as if it was just yesterday. "You are HIV positive and you have been dismissed from this college," she was told by the matron of a hospital where she was studying nursing. "For about a minute, I saw darkness. I went cold and I felt like I had been sentenced to death."

It was 1988 when the word Aids was only being whispered. The year before, Asunta had completed her A' level exams at Olkejuado High School and had just been admitted to the school to study nursing. "Aids was just beginning to rear its ugly head in Kenya and few people knew how to break the news to a victim," she recalls.

For Asunta, the style in which the news was broken to her and what happened later remains a nightmare. "Few people wanted to be associated with Aids and so I became an outcast in the college and at home.

But that was just a tip of the iceberg—whereas she had hoped that her mother would pity her, Asunta, the first born in a family of 12 was in for a surprise. My mother's reaction hurt me—she called me a prostitute. None of my siblings except one brother wanted to have anything to do with me."

With this kind of rejection, it is not surprising that Asunta contemplated suicide. She changed her mind after the birth of her son. She suddenly realised that



Aids orphans Wilson Mbaria, 10 (left) and Joseph Mureithi, 13

she had to stop focussing on herself and start caring for her baby. At the same time, a doctor who helped to deliver her, referred her to a counsellor at the Red Cross who helped her join the *People With Aids* (PWA) group and this marked her beginning with the fight for recognition of people with Aids.

Asunta's case is not isolated—many people suffering from Aids have suffered more from the society than from the disease itself prompting members of Kenwa to tell their stories. Many have been dismissed from their jobs even though they pose no feasible danger, others have lost friends or close relatives who no longer want to be associated with them, while others are currently being used as guinea pigs by a group of researchers at a research centre in Nairobi.

Many of the women the *Sunday Nation* talked to, do not know what drugs are administered to them at the research centre on trial basis (this is illegal according to Sessional Paper No. 4 on Aids) many of which have serious side effects. Teresa Syombua, 45, a Korogochi resident who has carried the virus for the past eight years said she gets injections once a month which cause her partial paralysis and lots of pain for the following two weeks after use. "But they treat me free of charge for other ailments as I can't afford medicine."

But the victims face personal problems too that they need to fight—anger at having contracted the disease or against those who have infected them, feelings of hopelessness and the will to just let go and die, and for others, the urge to infect as many

people as possible to get even. Aids-related drugs are also very expensive.

The Aids stigma is not confined to the victims alone but also those without Aids who work with the victims. Irene Wangechi Nguju, 30, has assisted victims and orphans as a volunteer from her church, the Gospel Revival Ministry in the process earning herself some nasty titles. She is however remembered for having nursed Lydia Wangechi (who passed away in 1991), one of the first women to go public with her infection and who has been featured in many TV programmes since then.

It is not surprising that due to the stigma associated with the disease, few people are willing to admit that they suffer from the scourge while their relatives will not utter a word about the illness even after death and even when it is obvious what the person is ailing from. "Unless we start telling Kenyans what our people are dying of, many people will continue imagining that Aids does not exist and that if one has it, they are useless. We are not useless—many of us can continue working but we have to unite as sufferers to fight for our rights. Those who do not have the virus and are in a position to make our lives comfortable, need to support us," Asunta says.

Benedict Wacheke (not her real name) 33, was married to an engineer until a few months ago when she was diagnosed with the virus. Her husband tested negative. "I got the virus when my husband abandoned us with my son a few years ago and refused to support us. I started seeing a married man who took care of us

financially. When my husband lost his job, he came looking for us and I accepted him back. I helped him secure his present job but in the process, I realised I had contracted Aids. I informed him and he told me that if he tested negative, he would leave us. He kept his promise."

Benedict has had to go back home to her mother with her son. Her husband has refused to cater for the boy in any way. "My son who is a victim of circumstances is suffering more than I am, especially now that I have told him why we were abandoned."

Many of the women admitted that they still have love relations with men, the majority of whom are married and who do not know they are HIV positive. "The man pays my rent and buys me necessities, feeds my two children though they are not his—why would I want to let go. I just ensure that I use a condom so that he does not infect his wife," Nziisa, 46 said. "But I know many women who say they do not use condoms or use perforated ones just to infect the men."

All the above women are members of Kenwa. Today, Asunta co-ordinates activities of Kenwa which helps over 200 women with Aids to come to terms with it and to fight the discrimination that the victims suffer.

For a Kenyan woman, infection is likely to lead swiftly to disability and death. A study of commercial sex workers in Nairobi suggests that Kenyan women may meet the transition from HIV infection to full blown Aids in a third of the time taken by women in the US. Poor nutrition,

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