

HEALTH AND ENVIRONMENT

FOCUS ON AIDS

Aids shatters young man's dreams

By ALEX DIANGA

Aids also kills dreams, says 28-year-old Edwin Oloo Otero from Siaya District. Oloo, a trained agricultural officer was ready for the world when he joined Sigoti Agricultural Training School in 1988.

The bubbly student was looking forward to the completion of his studies, settle down with a family - wife and children. Today, these hopes are no more as the young man battles with the reality of being an Aids victim.

Being a first born in a family of six, his parents sacrificed everything to send him to school with the hope that he would eventually assist in bringing up the other children. "Instead of bringing glory to my humble folk, I have only brought shame," he says.

Oloo, who comes from Alego where there are strong cultural beliefs associated with Aids, says that his late father never accepted the reality that his first born had Aids. "He instead took me to a witch doctor who deceived him that my uncle had bewitched me," says Oloo.

The soft-spoken man who was diagnosed HIV positive in 1989 now heads the Kenya Society for the People with Aids (KESPA) and works mostly through churches. He goes round telling people the predicaments of the disease.

"I want to make sure that before I die, the information gets to the rural people," he says as he excuses himself. "You know we are a sick lot (referring to Aids patients), right now I have diarrhoea" he adds as he disappears into a toilet nearby.

He emerges after a few minutes, recalling vividly how a one-week friendship with a girl intro-

duced to him by a cousin put him in a miserable situation that cannot be reversed. The lady has since died.

Oloo is not the only one whose dreams have been shattered by this disease.

For Lucy Wangui, 42, from Kiambu District, her dreams of bringing up her children are no more. "I really cherished the idea of seeing my children grow up besides getting good education," says the mother of seven who is also an Aids patient.

Together with Oloo, the frail-looking emaciated woman were among the delegates who attended the first Kenya HIV/AIDS/STD Conference attended by doctors and researchers from as far as Uganda, Tanzania, Zambia and South Africa.

Wangui, who was diagnosed HIV positive in 1990, recalls how her husband discarded her after learning that she was HIV positive. A year later the husband was also diagnosed HIV positive. "I would not like to see Kenya dying as a nation," she says adding that "our youths need to be educated on the implications of this scourge".

Oloo concurs with her saying that "each one of us at collective and individual level should refuse to be infected. To do this, we need to enhance our understanding of the problem".

He therefore calls upon the youths to do away with the risk practices like experimental sex and casual relationships if this beautiful country is to be saved.

For the researchers and medics who discovered the Aids virus in the mid 80s, many were optimistic that a vaccine would be found within no time just like in other diseases.

Yet, during the just concluded

conference, no one made any victory speech. Instead, the mood was sombre, reflecting a decade of total frustration and failure to combat the spread of the virus.

After pumping millions of dollars into research and other activities, humanity may not be any closer to conquering this disease.

So far, figures released at the conference indicate that 35,000 people have reported cases of Aids in the country while estimates show that 1.6 million adults will be infected with HIV by 1996 - a figure that sends a cold chill along the spines of many.

Kenyan's half heartedness in preventing the disease was highlighted by the deputy director of medical services, Dr Naftali Agata at the end of the conference.

Perhaps the only remaining channel for creating awareness and convincing Kenyans of the dangers of this disease is for the people with Aids to go out and spread the word, narrating their own experiences. "We may be easily understood by the youths and Kenyans in general" says Oloo.

According to WHO, the selective impact of the disease on young and middle-aged adults who are economically active may lead to an economic disaster.

Thus Dr Eunice Muringo Kiereini, a member of WHO Global Commission on Aids, calls for men in particular to examine their own attitudes towards women.

In this epidemic, those men who understand the link between women powerlessness and the spread of HIV should be peer educators to their fellow men, bringing life-saving messages to them.



Bars and places of entertainment are the breeding ground for casual sex affairs which can lead to the incurable disease. (File Picture).

Experts answer some queries

By OBWOGO BENSON

Many people wonder whether mosquitoes can spread Aids or not. The general answer to this question is no. The reason is simple. There is no correlation whatsoever between the number of people infected with malaria and those infected by and dying of Aids.

For instance, 107,000,000 cases of malaria are reported each year in the Third World, causing 2,000,000 deaths, compared to 4,000,000 HIV infections causing 50,000 to 70,000 deaths annually.

Also, the fact that Aids was first discovered among the homosexuals, and not in the tropics, clearly limits one to, albeit minimally, the 3 primary modes of transmission "sex, blood, and from mother to child".

Other people ask whether circumcision decreases the chances of HIV infection? Although the answer to this question is yes, circumcision per se does not offer protection against Aids infection. Nevertheless, studies have shown that circumcision decreases by 25

per cent the surface area available for genital ulcer diseases, including Aids.

Does an HIV mother who breastfeeds her child predispose it to infection? The answer is yes. In fact, in some countries like Britain mothers are not allowed to breastfeed. Instead, milk bags are used.

A most commonly asked question that has caused a lot of controversy, is whether condoms are 100 per cent fool-proof in protecting the user against Aids infection.

Unfortunately the answer is no and it is high time people thought of abstinence (for unmarried people), and mutual monogamy and trust for married couples.

Studies done in America have shown that 17 per cent, or one out six, of spouses of HIV carriers contracted the virus even though they had condom protection.

Other latest medical reliable studies throw light on the fact that when used to prevent HIV infection, the condom failure rate approaches one in six in only 18 months.

Other people ask about the effectiveness of the condom in pregnancy prevention, bearing in mind the fact that some women have conceived even under conditions of condom protection.

Ms Caroline Blair who is in charge of Aids at the Unicef Country Office recently wrote to the media saying that the use of condom actually reduces the chances of getting Aids by 10,000 times and it is one method of minimising the spread of the killer disease.

Another commonly asked question is how long an HIV infected person can live. In most cases this will vary from person to person, and will depend on various factors such as the body immunity, the time of diagnosis from the time of infection and the dose of the viral infection.

Factors that challenge the body's immunity like diseases, pregnancy and advanced age may thus reduce the lifespan of an Aids patient. Exercise and balanced diet increase our immunity against diseases including Aids.

Thus, with these factors in mind and especially so with

stronger immunity and a low infective dose, a hypothetical Aids patient can live a lifetime.

This may not be the case in real life and most people will succumb within a period of 5-10 years.

Thus, between an HIV positive mother, father, and child, who is likely to die first? The most likely person to die first is the mother since pregnancy tends to compromise the body's immunity. However, with low immunity characteristics of babies, the issue is debatable.

Can the Aids virus be transmitted through saliva as in kissing? The answer is yes. For a start, the presence of the virus in the human saliva has been demonstrated.

A case reported in *Medical Journal* in June 1987, clearly throws light on the possibility of kissing transmitting the virus.

Here, a 72-year-old woman who acquired Aids through blood transfusion, transmitted it to the husband and yet they had abstained from sex on matters of impotence for 10 years. The risk factor identified was kissing.



Smoking makes HIV infection develop faster into full-blown Aids, according to research. File Picture

Smoking makes infection worse

By MAGGIE FOX

Smoking can speed up the progression of Aids, British researchers said recently.

Smokers infected with the virus that causes Aids develop the disease twice as quickly as non-smokers, said Dr Richard Nieman, who led a team of doctors studying smoking and Aids.

"If you have an HIV infection and you smoke, you are more likely to get full-blown Aids," Nieman told *Reuters* in a telephone interview.

Nieman said earlier research had shown a link between smoking and Aids.

"There are lots of studies that show that smoking is particularly common in gay men and intravenous drug users," he said. "It was thought that people who smoked were also more likely to take risks in their sex lives."

But his research showed that smoking encouraged the onset of the disease.

Nieman, working with other researchers at St Mary's Hospital in London, studied the progression of HIV infection to Aids in 84 HIV-infected patients between 1986 and 1991.

They had various degrees of symptoms when the study started, but none had developed Aids. Of the test group, 43 were smokers and 41 were not.

"The smokers developed Aids at a median of 8.17 months," he said, while it took an average of around 14.5 months for the non-smokers to develop Aids.

Most of those who developed Aids came down with pneumocystis pneumonia (PCP), one of the diseases that doctors consider a "maker" for Aids. Smokers developed PCP at a median time of nine months, compared with 16 months for non-smokers.

Nieman said smoking was known to affect the immune system. And related studies being developed in London were supporting this.

"We think it's because of the effects that smoking has on the immune system that smoking HIV carriers will develop Aids earlier than non-smokers," he said.

"There is established research over the past 10 to 15 years that smoking does a lot of things to the same sort of cells that HIV also affects."

Truck drivers face greater risks

By NATION Correspondent

Statistics show that 67 per cent of the truck drivers on the Mombasa-Nairobi highway are HIV positive. This group comes second after the Nairobi prostitutes whose 80 per cent carry the HIV virus. These two groups of people, including the innocent drivers' wives require our help.

In his paper, *Correlates of HIV infection in long distance truck drivers in Kenya*, Dr Omari M. A. says that the drivers' conditions of employment contribute to their high risk behaviour and hence their occupational hazards of HIV/STD infections.

Thus, HIV infection was correlated to the fewer visits they make to their wives and conse-

quently the more visits to prostitutes per month.

For instance, truck drivers operating within the country complain that they can only visit their wives two or three times a week if they are lucky. But those who drive to Tanzania or Uganda will only manage one visit a month.

Drivers making trips to Zaire are the most disadvantaged for they can only visit their wives once or twice a year.

One truck driver, who requested anonymity, said that he had been deserted by 3 wives in 6 months because he went home very infrequently. This was despite the fact that at the end of every month he used to send money home.

Dr Omari also cited uncircumcised status as a predisposing fac-

tor of these drivers to HIV infection. It has been shown that circumcision decreases by 25 per cent the surface area available for genital ulcer disease including Aids.

Thus, uncircumcised men who do not use condoms double their chances of HIV infection. History of sexually transmitted diseases, STD, religion, and non-Kenyan nationality were other vital correlates.

The problem is not attitudinal but also administrative in that whereas employers will not give the drivers time off, some drivers do not regard STDs as a major problem.

"They will come after every two to three days and say ... sister nimekuja, Nimeungua tena

(sister I have come again. I am infected)."

The reason they give is that they stay away from their wives for long periods and when they are away they have no option but to go with the prostitutes.

The working atmosphere is very tempting and contributory to their eventual fate as many drivers argue. "In most cases we have to sleep in lodgings and as you know pretty well," argued one driver, "in such circumstances, especially when one is drunk, it is very difficult to tell between a frog and a fish."

In one of the companies the clinician, who also requested anonymity, said four truck drivers in the company had died of Aids and two had tested HIV positive.