

The rise and rise of the Aids

Despite relentless efforts, the figures are still shocking

By ANDREW NGWIRI

More than 150 local and international NGOs, Government bodies and multilateral donor agencies are engaged in the war against Aids in Kenya but in the short term, they appear to be losing the battle and admit it frankly.

"We expect the death rates to go up as the infection rates go down," says a top researcher with the Ministry of Health.

More than 200,000 people are reported to have died of Aids in the past 10 years, and more than 1.2 million are infected with HIV and are therefore likely to die within the next 10 years.

However, according to Dr G.M. Baltazar of the Kenya National Aids and STD Control Programme (NAS COP), this doomsday scenario is not all that it appears to be. Kenya, he says, appears to be so high in the list of leading Aids countries — among the top five in the world — because of its efficiency in reporting Aids cases and HIV prevalence.

An adviser with the Joint United Nations Country Programme, Dr George Tembo, agrees with this view, saying that all countries in sub-Saharan Africa are equally affected and only their efficiency in reporting Aids cases differs.

Indeed, factors like incessant wars, lack of infrastructure, poor communication and inadequate health services and poverty in general could mean that a huge number of deaths go unreported, rendering the low prevalence figures in these countries virtually meaningless.

But there are very few people in Kenya today who have not lost a relative, a neighbour, a villagemate or a workmate to Aids. In fact, unless there is a miracle of science in the near future and a curative drug or a vaccine is discovered, death from Aids is likely to become so commonplace in the next 10 years that few families in the country will remain untouched.

There are good reasons for this pessimism. According to statistics, one in every 13 Kenyans has been infected with the virus. This means that in any average extended family from the patriarch to the grandchild, at least two of its members will die of Aids in the next five to 10 years.

It also means that in most large-sized firms employing 100 or more, at least seven workers are

likely to die of Aids in the next five to 10 years.

According to Dr Baltazar, many more people than ever before have heard of Aids and HIV, understand the causes, know what to do to protect themselves and what not to do, and are taking measures, however passive, to ensure they do not contract the disease. This, according to Dr Baltazar, has been a success, and the sign that the attitudes of Kenyans towards the affliction are changing is in the subtle, albeit slow, change in their social and sexual behaviour.

For instance, he says, there is a discernible difference in the way people used to behave when they frequented bars and other night-spots in the 1980s and the way they are behaving today.

"If you go to any pub today," he says, "you will see men seated in clusters drinking together and only paying lip service to barmaids and prostitutes. This was not the case in the past."

That is indeed true, though other studies indicate that commercial sex is still very prevalent in certain areas, as the proliferation of high-cost brothels indicates. It is also a fact that there is a huge section of society that does not really seem to care, a class that assumes it has nothing really left to lose because of its chronic deprivation and hopelessness.

As a result, and in spite of the strides made by Government agencies, non-governmental organisations, international agencies and even global financial organisations to combat Aids, the number of Kenyans being infected with HIV has been rising in exorbitantly, and hundreds of thousands will have died before the year 2006.

It must be emphasised that this is only the reported figure from all over the Republic, which may not even tell us half the story.

The fact of the matter is that because of the stigma associated with HIV and Aids, and because of other factors like lack of health services in some areas, it is possible that most of the infected people have not been identified. After all, people do not die of Aids per se; they die from opportunistic diseases that fall within that syndrome, chief among them being pneumonia, tuberculosis and a form of cancer known as Kaposi's sarcoma.

If it is true, as the National Aids and STD Control Programme indi-



Researchers at work in the STD clinic at Majengo, Nairobi, where studies are being carried out on "HIV-resistant" women.

cates, that about 300 people in Kenya are infected with HIV every day and about 9,000 worldwide, quick calculations show that in the next 10 years, about 2.5 million Kenyans will have tested positive.

Dr Sobbie Muhindi, an Aids researcher and a NAS COP official, does not believe education alone will win the war.

"Sex education alone will not protect the country against Aids," he said during a recent seminar in Kisumu. "We still have bars and lodgings coming up in residential areas; who is addressing that?"

On the other hand, Prof Arthur Obel, the controversial developer of the "Aids drug" Pearl Omega, thinks that agitation for sex education is much ado about nothing.

"There is no point in wasting money on Aids awareness and educational campaigns," he is quoted as saying. "Almost everyone is aware of the scourge."

It is a fact that many Kenyans now know what Aids is — at least they know the "disease" has no cure and that it is not caused by a curse. Some of them also know that although it inevitably leads to early death, caring for the victim can be, and usually is, a most ex-

pensive undertaking, for it has impoverished whole families which have been forced to sell many assets to care for one person.

According to NAS COP, it is estimated that the total cost of treating an HIV victim is about Sh600,000 per year. The Government or individual families cannot cope with this burden.

As a result, a lot of people are dying much too early when the progress of HIV infection could have been slowed down through medical care.

In Kenya, like in most of Africa, Aids is primarily a sexual disease. When it was first diagnosed in the United States 15 years ago, it was mostly associated with homosexual activities and intravenous drug use. The majority of people heaved a sigh of relief for they had little to do with sexual pervasions, and in any case, they had little sympathy with the rejects of society. This was to have dangerous implications for it soon emerged that HIV infection could be brought about by blood transfusion, and worst of all, by heterosexual contact.

In most of Africa, the last mode of transmission has been the most lethal for the majority of the people

who were only interested in protecting unwanted pregnancy and the more conventional forms of STD. So by the time the lesson sunk in that normal sex can kill you and this new disease was not one where a sufferer could run to the corner clinic and get cured after a jab or two, it was too late for many.

Up to this day, normal sex remains the most common method of HIV transmission, while the virus passed from mother to baby also remains life-threatening, though not to the same extent. Heterosexual intercourse is also associated with other dangers — ordinary STDs like gonorrhea, syphilis and chancroid. These did not go away with the advent of Aids; they just increased the chances of one acquiring HIV.

So, beyond preaching the values of zero-grazing and protected sex, Aids researchers have also concentrated on explaining why anyone with venereal disease should run to the corner clinic faster. Indeed, research has shown that the most efficacious way to slow down HIV is to enhance the treatment of STDs.

That is where the condom comes in. Besides protecting the users from HIV, the condom has

also been known to keep away other STDs.

Unfortunately, even in the face of this terrible scourge, most African men do not believe in "wearing gumboots" as that useful prophylactic is derisively known. It is either a traditional thing or a macho thing but either way it is deadly.

Another important thing that must be done is to integrate sex education in school curriculum.

Research has shown that when you teach people about sex, you are not preaching promiscuity. Youths from the age of 15 will experiment with sex anyway and if they know what they are doing with their bodies, this could save their lives. Many scientists believe that sex education might help the young people understand what parents are reluctant to teach them — that sex can be, and sometimes is, deadly.

Says Dr Baltazar: "We should stop the hypocrisy of saying that we are introducing immorality through sex education. If adults cannot talk sex to their children because it is taboo, then someone else must do it."

Nyanza's list of victims still grows

By JOHN OYWA

Nyanza Province has always been the focus whenever the Aids debate crops up. This is because the multi-ethnic province currently has the highest number of Aids sufferers in the country.

Reports released in Parliament put Nyanza at the top of the list, with 268,517 HIV-positive people. Rift Valley is next with 191,694 victims.

Health Ministry personnel and Aids control organisations were excited early this year when the number of infections showed a slight decline, but the number has shot up again lately.

Investigations reveal that the Government, in conjunction with non-governmental organisations such as Unicef, GTZ and Amref, spent colossal amounts of money each year in the province in campaigns against the disease.

Major hotels in the province, especially in Kisumu, team with seminars on Aids where medical officers, chiefs, DOs and DCs eat and drink while exchanging information about the disease.

While provincial medical boss Richard Muga says the Aids campaign has been achieving targets in the province, dissenting voices abound.

"Studies have indicated that Aids enjoys an awareness rate of 97 percent yet the infection incidences increase," Dr Muga says, arguing that the scourge was not being fueled by lack of awareness

but unchanging attitudes.

According to the medical boss, the province is one of those where the Aids awareness campaign has made tremendous impact. But critics say the campaign has not reached the right target groups. Priorities have been lopsided and funds meant for the campaign have often been misused, they say.

"Those involved in the campaigns spend long hours in seminars held in expensive hotels instead of investing the money on rural campaigns where the educators will talk to the villagers themselves," said a clinical officer at the New Nyanza Provincial Hospital.

The clinical officer says many Aids campaigners join the groups for monetary gains.

"Whenever an NGO launches an Aids campaign in the province, medical officers rush to become members. Such people will spend long hours in seminars, with little efforts to counsel sufferers or reach the rural areas for possible victims," he adds.

Local people interviewed by the *Sunday Nation* said many villagers were aware of Aids but many of them were relapsing into dangerous practices due to lack of follow-up by the campaigners.

"Media, especially the radio, have been the best campaign channels. Plays and short programmes in the radio remain powerful tools as they reach many people," says a local NGO executive.



An anti-Aids procession in Kisumu: Nyanza Province still leads in Aids figures