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**Who will water the seeds of hope?**

By ASUNTA WAGURA

WHEN CATHERINE\* CALLED ME saying she wanted to see me because no one understood her, I granted her audience. Catherine is a mother of two boys: a nine-year-old who is HIV-positive, and an eight-year-old who is negative.

Coming from an underprivileged background, Catherine lucked out, or so she thought, when she met a matatu driver.

“I sat in the front seat, and the driver was quick to strike up a conversation. Before long, we were chatting like old buddies.”

As they say, “one thing led to another”. Soon, they were living as husband and wife, despite her parents’ protestations.

At Kenwa (Kenya Network of Women with Aids), we’re keen on economically empowering our members. Through seed money, we help underprivileged clients to start income-generating activities (IGAs).

Our IGA programme has myriad challenges though. One is greenness. Most clients who access seed capital don’t have the basic know-how to run sustainable businesses.

The other one that comes quickly to mind is the usual suspect: HIV. When we give our members seed capital, most have just recuperated from opportunistic infections. Or, they’re caring for loved ones living with HIV. Caught between offering care and support and minding a fledgling business, the former always wins.

**No free rides**

Catherine’s husband was extremely loving and kind… until she announced that she was pregnant.

“Why are young girls so careless nowadays, getting pregnant anywhere and anyhow simply because they’ve been offered a place to stay?” the man raved.

Catherine was beaten and ordered to pack and leave. Her parents took the matter to the wazee, and the man was fined Sh50,000 and ordered to keep his wife and unborn child. He paid Sh20,000 and they went back home.

When she was three months pregnant, Catherine started to attend antenatal clinics. She was excited about having her baby, even if the timing had not been planned. After a few visits, it was time to get the results of her HIV test, which is mandatory in prenatal clinics. Everything had been explained to her but still, “as far as I was concerned, I was very far from HIV”.

Catherine was shocked when the nurse-in-charge told her she was HIV-positive. On breaking the news to her husband, he accused her of having known it prior to their meeting.

“Why else did you go for the test?” he berated her. “It was so that you could blame me, and I’m not going to take that.”

At week 28, Catherine was put on medication to prevent mother-to-child transmission of HIV. She packed her things and returned to her parents’ home but she never returned to the clinic. When the baby was born, he tested HIV-positive.

“After I shared this with my family members, they quickly sent me back to where I had ‘collected it’. I returned to my husband and forced myself to stay as I took care of my sickly son. And then I conceived again.”  
Someone had misinformed her that she could not conceive while breastfeeding.

“My husband lost it. He expected me to ‘take care of things’ and not get pregnant again. He sent me packing once more.

“I spent cold nights on the streets before someone referred me to Kenwa.”

**Three strikes**

We have settled Catherine in a small room. However, for the second time her grocery business has flopped. I know where she’s coming from: when her son falls ill, she abandons everything and solely focuses on him. That’s what mothers do.

I don’t know how to communicate this to those who fund us. At times, no matter how determined a client is to succeed, things don’t always turn up trumps. Besides, Kenwa’s economic empowerment policy is firm: you can’t be supported multiple times if your business fails.

In fact, I’ve had to support Catherine from my own wallet for the second time. She’s coming for a third helping, and I don’t know how to proceed.

This isn’t just about Catherine, though. It’s about us. Catherine is merely the human face of issues facing millions of underprivileged Kenyan women.

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