Do not forget how

destructive HIV is

IN THE “DARK DAYS”, the birth of a child to

a mother living with HIV was, in some cases,

frowned upon. There was no prevention of

mother-to-child transmission. Most of us just

trusted God that our children would be born

HIV-free.

The day I gave birth to my twins, my colleagues

were ecstatic. Those who know our

history can attest to the fact that for a long

time, infant mortality was inescapable. We

were working in pathetic situations, mostly

informal settlements where the outcome of our

intervention largely depended on God’s grace

because of the intense poverty.

I particularly remember one case where this

woman who had lost her newborn wrapped her

in shawls, as if she was still alive, then boarded

a public service vehicle to her home in Nyanza

Province. According to her, custom demanded

that the baby be buried upcountry, but since

she could not afford to transport the body,

she did what she had to do. Now this is real

poverty.

From the onset, I took it upon myself to ensure

our clients lived and died in dignity. I had

lived through the stigma that followed the announcement

that one was HIV-infected and the

indignity that shadowed one to the grave.

They say what does not kill you only makes

you stronger. But searing indignity made many

people living with HIV to die before their time.

In our organisation, we do our best to keep

our clients alive. Should we lose out to the Grim

Reaper, we do not have regrets. At times clients

are brought to our attention when they are on

their deathbeds. Still, our community health

workers give it their best.

So, if the HI virus has the upper hand, we do

not have regrets because of something we did

not do. Or something that we could have done

differently that would have brought different

results. However, being human, we sometimes

have regrets, what you would call “if only” moments.

Looking at the Westgate Mall siege and the

gruesome scenes that met the first responders,

it reminded me of what our health workers face.

They are inundated with death and disease.

Post-traumatic counselling for them is always

long overdue.

And it does not make matters any easier that

most of them are living with HIV and/or caring

for loved ones living with the virus. They have

formed bonds with their clients. When a client

passes away, it is not only a personal loss, it can

also feel as if a part of them has died.

With comprehensive care and support,

the number of HIV-related deaths has drastically

reduced. But that does not mean we are

anywhere near our goal of zero Aids-related

deaths.

Our health workers have kept us in business

and kept lives and hopes alive by their work

ethic. They do not throw in the towel, whether

they lose or snatch a client from the jaws of

death, or whether they are also battling with

their own opportunistic infections.

This attitude and approach helped us cope

during those times when we lost several clients

in a week. We had become regular clients at

the City Mortuary and the Lang’ata Cemetery.

I am sorry to say this, but I hate visits to these

two places although many times I do not have

a choice.

The flipside is that these two places remind

me of the frailty of life. They are stark reminders

that life should be lived with all the time and

talents that my Creator has blessed me with.

Because, once I am on that cold morgue slab or

under that mound of earth, there is no take two.

Times have changed, thanks to advances in the

medical science. Couples living with HIV can

now have babies without dying of stress.

Coming from this grim background, the news

of the birth of even a single child in KENWA,

whether from an HIV-infected or uninfected

staff or client, is received with a lot of gratitude

to God. This is the promotion God has given us.

We can now celebrate new lives. Before, we felt

damned, what with countless baby deaths from

Aids-related complications.

We still have a long way to go. That is why

it disturbs me when I hear that, given a choice,

some girls fear unplanned pregnancies more

than they do HIV-infection. It is as if our familiarity

with HIV has now bred forgetfulness. Sad.

WE DO OUR BEST TO KEEP OUR CLIENTS ALIVE

This is the diary of Asunta Wagura, a mother-of-five who tested HIV-positive 26 years ago. She

is the executive director of the Kenya Network