I’ll light a candle for you

**LATELY, SO MANY** blessings have been

happening in my life that some things

have slipped my mind. I believe you all

know about my twin boys, these new

bundles of absolute joy. It is largely

because of them that I have not just forgotten

work-related issues, but that I am

also HIV-positive.

If I had my way, I would be a stay-athome

mother and cherish these moments

with my children. But I have work

to do. My “IN” tray is already piled to the

ceiling. And the reminders from my office

keep beeping on my phone.

One of the reminders concerned Sunday

19 May 2013, which marked the 30th anniversary

of the International Aids Candlelight

Memorial, first held in Washington

DC in 1983. The theme for this year’s

event is “In Solidarity”. It emphasises the

need for people living with and affected

by HIV to join hands and work together

for the response to the infection.

The candlelight memorial reminds us

of the impact that HIV has locally and

globally.

**Care and support to the rescue**

Even when I am counting my blessings,

my heart still goes out to many friends

and colleagues who have passed away

due to HIV-related illnesses. A case in

point is that of Mercy, who passed away

slightly over a month ago.

Mercy was an active member of our

head office support group. Diagnosed

HIV-positive in 2002, she picked up the

pieces of her life and moved on. Her first

husband deserted her after she tested

HIV-positive. She was left to care for

three young children, the youngest being

nine months old.

She was looking for nutritional and

psychosocial support when she visited

our offices way back in 2005. She was

distraught and had lost hope for the

future. Due to scarcity of food and infection

with tuberculosis, she had wasting

syndrome. This is associated with the

later stages of HIV infection.

We enrolled Mercy in our feeding programme

and support group. This had a

redeeming effect on her especially since

she had an opportunity to share experiences

with others who were living positively.

Gradually, she regained her health

and weight and was able to provide for

her family. Things were falling into place

for her.

**Finding life and love again**

During the support group sessions,

Mercy encouraged new members and

became passionate in living, now that

God had given her a second chance. She

fell in love with a man who respected

her and was providing for her and her

children.

KENWA supported Mercy to come up

with an income-generating activity

in 2011. We gave her seed capital

to start a small business of selling

charcoal. Resilience had become her

middle name by now and she was

vibrant in her business.

**Double whammy**

However, a year later, she started experiencing

pain in her left breast. Initially,

it was a discomfort, but slowly a lump

appeared. The breast was growing tremendously.

Mercy was referred to one district hospital

after another because clinicians

could not exactly diagnose her ailment.

The frequent hospital visits and medications

also led to financial constraints. As

it has with other members we have given

seed capital, this turn of events impacted

negatively on her business, which had

been thriving. Eventually she was forced

to close shop.

Finally she was diagnosed with breast

cancer at Kenyatta National Hospital. We

paid for some medications, but unfortunately,

the cancer was taking an emotional

and physical toll on her health.

Our clients in care and treatment fare

well, but co-infection with HIV and

cancer is a different ball game. Talk of a

double whammy. Cancer usually hastens

HIV progression. The situation is dire in

our hospitals because oncologists are

few and facilities overstretched.

**Final bow**

Mercy finally succumbed to cancer about

a month ago. Her family was inconsolable

during her burial.

I find this year’s theme timely because

it is still pertinent to draw public attention

to HIV/Aids as well as promote a

humane attitude to people living with

the condition.

It is my sincere prayer that God will grant

Mercy’s family the grace and fortitude to

soldier on. During this year’s candlelight

memorial, I will light a candle in remembrance

of her life, albeit belatedly.

SHE WAS SUCH AN INSPIRATION

**May God grant Mercy’s family the grace**

**and fortitude to soldier on.** PHOTO | FILE

**This is the diary of Asunta Wagura, a**

**mother of five who tested positive 25**

**years ago. She is the executive director**

**of the Kenya Network of Women with**

**Aids (KENWA).**

asuntawagura@hotmail.com

parents

cover story

**AT LEAST ONE**

**IN EVERY 20**

**PATIENTS I SEE**

**AT MY CLINIC**

**REQUIRES**

**SURROGACY**

Dr Wanyoike

any funding.

“This was a law that was meant to facilitate

and improve the quality of life for many Kenyans

who are unable to bear children on their

own,” Prof Koigi explains, adding that the

ground work was already laid out and ideas

reconciled.

**Policy formulation**

In light of renewed interest in the law, Nyachoti

says the hospital, beyond treating patients,

must be able to provide leadership in matters of

policy formulation.

He adds that in spite of the tribulations of the

Muchokis, their case might just be the harbinger

of better things to come for those unable to

bear children on their own.

Until then, the burden is left not only to

the patients, but industry players to ensure

that they go about their business in an ethical

manner. This, Dr Joshua Noreh of the Nairobi

IVF Centre says, is what we should be worried

about.

The doctor, who popularised surrogacy locally,

says his clinic does an average of two IVF

procedures for surrogate arrangements every

month. Last year alone, he did about 24.

“I have made it a point to explain to my (clients)

the legal issues with registration, where

the gestational mother is the only one who can

be registered as the legal mother of such a baby.

They can then change this through an adoption

process,” says Dr Noreh.

Dr Joe Wanyoike Gichuhi, a fertility specialist

and consultant at the Upper Hill medical Centre,

says at least one out of every 20 patients

he sees at his clinic requires surrogacy. He adds

that the procedure, if not regulated, may be

abused by women who do not want to “damage

their bodies” through childbearing.

He also refers to a plethora of other sticky

issues that are country-specific, like professionalism

and ethical issues as well as regulation of

fees charged by mushrooming health outlets.

Indeed, the Internet is abuzz with Kenyan

women, some perhaps oblivious of these issues,

seeking clients to hire their wombs, sites like

the *surrogatefinder.com* and even job agencies

claiming to link surrogates with intending parents.

It is a thriving trade out there, it seems.

While the fact that surrogacy has become

more popular and probably even more accepted

is not in dispute, with six IVF centres

now operating in the country — four in Nairobi,

one in Eldoret, and one in Mombasa. It is the

legal and ethical concerns that should worry the

concerned authorities.

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