Numbers that

drive the bold

campaigns for

condom use

poduor@ke.nationmedia.com When Chinua Achebe’s

book — *A Man of the*

*People* — was being

studied in Kenyan

high schools in 2004 as one of the

examinable literature texts, a war of

words ensued between the Catholic

Church in Kenya and the panel that

had selected the book. Teachers and

parents joined the debate over whether

the book was the right content to be

studied in school.

The discussion was ignited by

a scene in the book where one of

Achebe’s characters, a university student

nicknamed ‘Irre’, the short form

of the word irresponsible, walks out of

his hostel room glistening with sweat

and holding a used condom. It is to

prove to his friends that he has bedded

the most “impossible” woman to

take to bed.

Leaders of the Catholic Church did

not like the scene. They voiced their

objection to the book, arguing that it

encouraged immorality. They also said

something about family values and sex

outside marriage. Nonetheless, the

book, parents, and the teachers won.

In the same year (2004), then

Catholic head in Kenya, Archbishop

Ndingi Mwana a’Nzeki, dismissed

the use of the condom as protection

against HIV infection. He said during

an interview: “For me, a condom is not

the answer. In fact, in this country, I

would say without fear that the use of

condoms has been the greatest means

of increasing the cases of Aids. Take

our university students, students in

schools of higher studies, where condoms

are available upon demand. It’s

like saying, ‘my son or daughter, you

are free.’ And they do it.”

Two years later during a religious

leader’s conference, Archbishop Ndingi

urged the government to ban advertising

and distribution of condoms. His

reasons where that the easy access to

them encouraged promiscuity.

Catholic leaders in the country have

since remained adamant on their stand

about the use of condoms. It is a big

No for them, but a section of the faithful,

as explored yesterday in our sister

publication, *Lifestyle*, is rebelling. It

is not that they haven’t been, only

that this time round, the boldness by

which they are doing so is out there

Preaching

chastity

until

marriage,

especially

to the

young

generation,

is like

trying to

cut a rock

using a

machete

for all to see.

It comes through a lobby group

going by the name Catholics for Choice

(CFC), and the huge billboards they

erected recently in the country to urge

Catholics to use condoms as a preventive

mechanism against HIV. “Good

Catholics Use Condoms,” screamed

the message.

Based in the US, Catholics for

Choice describe themselves as “part

of the great majority of the faithful in

the Catholic Church who disagree with

the dictates of the Vatican on matters

related to sex, marriage, family life,

and motherhood”.

The message they put up on the

billboards could have rubbed Catholic

leaders in the country the wrong way,

but the lobby group insists that their

stand is pegged on realities around

the trends in the HIV figures and the

huge numbers that make the Catholic

community.

Some statistics were displayed

recently after another controversial

condom campaign, *Weka Condom*

*Mpangoni,* was criticised by men of

the cloth in general, and not only

Catholic leaders.

The campaign was sponsored by

Population Services International

(PSI). The message, loosely translated

as “have the condom in mind”, was

directed at married couples. It was to

advise them to always have a condom

at hand should they be tempted to go

astray.

Religious leaders, both Christian

and Muslim, criticised it for promoting

infidelity and for make a joke of the

sacred institution of marriage. They

demanded for its withdrawal from the

television screens.

In response, the promoters

explained that the campaign was informed

by the reality that as much as methotraxate) in combination with

other agents. Two patients who have

undergone the therapy, Dr Barasa adds,

have shown no signs of the virus for

the past six months.

Methotrexate is used to treat cancer

but is indicated to have very serious side

effects and should not be used without

advice from a competent physician.

“Although the drug is available in

local pharmacies on prescription,

it must never be used without clear

instruction from your doctors,” says

Dr Barasa.

The lecturer has since applied for a

patent with the Kenya Industrial Property

Institute for the treatment process,

titled Cure for HIV/Aids Virus*.*

“Our methodology is simple, safe,

acceptable, and cheap, although not yet

scientifically validated,” says Dr Barasa

in his case study. Even though we could

not verify the claims, Dr Barasa says

two patients, a man aged 29 and a

woman aged 40, both of whom had

previously been diagnosed with HIV

and put on antiretroviral medication,

“are now functionally cured”.

“We treated them with methotrexate,

which works by suppressing rapid expansion

of the specialised stem cells in

the bone marrow, called hematopoietic

cells,” he says.

The treatment consists of a combination

of agents that are given in

a methodology that is tailored to suit

individual patients with continuous

laboratory monitoring by Pathologist

Lancet Kenya Limited, a fully-fledged

reference laboratory situated in Nairobi’s

Upper Hill area that boasts a wide

test menu, including sophisticated

molecular tests.

Within two weeks, he says, the

patients showed tremendous improvement,

healing of symptoms related to

HIV/Aids and recorded undetectable

viral loads in their blood after eight

weeks for the man and 10 weeks for

the woman.

**Undetectable loads**

“They have remained with undetectable

levels of viral loads six months after

the procedure,” says Dr Barasa who, on

the road to this treatment together with

his colleagues, regularly sought advice

from both Mr Brown and his doctor

through email exchanges.

In one such communication they

wrote to the cured patient: “We are

working diligently here in Kenya to

see if we can achieve the same status

as you did by interfering with the bone

marrow, which is the critical reservoir

for the virus.”

Dr Isaac Orina, a neuroscientist and

chairman of the Department of Pharmaceutical

Technology at Technical

University of Kenya, says it is too early

to celebrate victory “since the HIV/Aids

war is far from over”.

“The disease is still a significant

health threat in the world,” says Dr

Orina, “but whether it’s going to be a

complete cure for HIV or not, the fact

remains that functional cure has a huge

potential in eradicating the pandemic.

A lot of research is, however, needed,

and we are closely following Dr Barasa’s

work. We hope the university will work

with him once the preliminary findings

are scientifically validated.”

Dr Orina says what Dr Barasa and

other doctors around the world are

doing is “very interesting” and can be

an important step towards getting rid

of the HIV virus.

“The only thing that we need is

government support. Most scientists

here lack funds to conduct research

on such essential health issues,” he

concludes.

As he waits for funds, Dr Barasa is

holed up in his laboratory, shaking the

tree of science.

Infected numbers on the rise

Unaids reports that, as of December 2011, **1.6**

**million** people in Kenya were living with HIV. “With

HIV-infected individuals living longer as a result of

increased treatment access,” the agency reports,

“Kenya projects that the number of people living

with HIV will continue to grow, placing continuing

demands on health and social service systems.”

However, there is considerable good news to report.

Adult HIV prevalence in 2010 **(6.2 per cent)** is about

**40 per cent** lower than at the epidemic’s peak. The

number of new HIV infections among adults in 2010

was less than one-third the number reported in

1993, when the country’s epidemic peaked. An estimated

**49,126** people died of Aids-related causes in

2011, slightly more than one-third the annual number

who died in 2002–2004. Sexual transmission is the

primary driver of Kenya’s epidemic. Heterosexual

transmission within a union or primary partnership

accounts for an estimated **44 per cent** of new infections.

Among adults living with HIV, women represent

**58 per cent** of prevalent infections. The large

number of sexually acquired HIV infections among

women has given rise to substantial transmission

to newborns, with an estimated **12,894** children in

Kenya becoming newly infected in 2011. With **43**

**per cen**t of the country’s population under age 15,

the future of HIV in Kenya will in large measure be

determined by success in preventing new infections

among the millions of young people who will become

sexually active in the next few years.

A CLOUD OF PESSIMISM

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FILE | NATION

Antiretroviral

therapy was

first introduced

through the

private sector in

the late 1990s

but only became

widely available

through the

private sector

beginning in

2003–2004.

Declines in the

price of antiretroviral

drugs,

abetted in part

by generic

competition,

have enabled

the country to

progressively increase

coverage

of antiretroviral

treatment.

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