

AIDS IN AFRICA

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Twenty years ago, the disease now known as the Acquired Immuno Deficiency Syndrome (AIDS) was first recognized. AIDS represents a late stage of infection by a retrovirus called Human Immuno Deficiency Virus (HIV) of which there are two types: HIV1 and HIV2. The first one is associated with the epidemic in Central, East, and Southern Africa, and the rest of the world. The second one has been associated with people from several West African countries. In Africa, low education, especially among women, is one of the many causes behind the epidemic.

In some African societies, a woman is relegated to a position of secondary importance. While the years pass by, her life remains under the authority of her husband or son: she has little or no say in decisions concerning her sexual life. If a woman suggests a condom, or avoids high-risk sexual behavior, she is immediately accused of

adultery and promiscuity and suspected of having been infected with a Sexually Transmitted Disease (STD) by a man other than her husband. On the other hand, a man enjoys greater sexual freedom. It is acceptable for him to be sexually active; he can have more than one wife, and he can maintain many sexual relationships. In most African cultures, there is a code that has allowed and encouraged a man to have more than one wife. Therefore, the woman's inferior position regarding the couple's sexual life added to poverty does not permit dialogue about STDs and AIDS.

More than two-thirds of the families in Africa live on less than two dollars a day. Most families don't even have enough money to pay for their children's first step of education in elementary school. The new protease inhibitors, necessary to turn AIDS

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from a death path to a chronic disease, cost at least \$12,000 per person each year. The average African nation spends less than \$10 per person each year on health care. It is not uncommon to have more than ten people living in a three-bedroom house with a tiny income. Poorer families have a greater tendency to die from AIDS than do richer ones for very obvious reasons. In poverty, there are no money savings or other assets to bring relief to the impact of illnesses. Of the global total of 30 million people living with HIV worldwide, about two-thirds are in sub-Saharan Africa. It is estimated that of the 12 million people who have died from HIV-related illnesses since the start of the epidemic worldwide, about 9 million have been Africans. Those who



are poor in Africa and are infected with HIV live for a shorter time than those in developed countries. With those conditions helping the spread of the disease in Africa, a small group of professional women met in Stockholm, Sweden, in June 1988, and created the Society for Women and AIDS in Africa (SWAA). The women were concerned with the growing incidences of HIV infection, particularly in women and children.

In 1994, the SWAA needed to reach the heart of the uninformed population. And because the SWAA didn't have enough money or resources to do so, the organization asked for help. I volunteered for a campaign of information for one month in a village named Tsinkop, located in Cameroon, West Africa. My task was to make the villagers realize that AIDS existed, and to convince them to use the simplest protection available — which is the use of a condom. Even though the inhabitants of that village were dying of AIDS, they were still in denial. The villagers believed it was a malediction from the gods. Because the villagers hadn't made enough sacrifices to their ancestors, the gods were angry. According to their traditional or cultural belief, the villagers — after every happy or sad moment — had to share most of their belongings by putting them next to huge waterfalls of the village to honor their gods and ancestors, or to seek some answers to questions from them. The waterfalls were supposed to have some sort of connection with the gods and the village's sorcerer. Everybody was very anxious as they waited three days before the sorcerer came out of his meditation and encounters with the spirits to announce that the gods only told him there would be more death! This type of practice to seek some answers is often used in Africa. Anyway, I couldn't wait to get my mission started, and to give them answers they didn't have from the gods.

I started by showing every villager pictures of men, women, and children who had died from AIDS in the cities. These people had died in ways similar to how villagers had died. As I said before, AIDS has emerged as another disease of disadvantage and deprivation

linked to social factors such as poverty, social status, and urbanization. After showing the inhabitants of that village pictures, I first talked to the men because they didn't want their wives to learn anything from the western world; in many rural areas in Africa, people are very conservative. They consider everything coming from the outside as sacrilegious or ominous. They are especially suspicious of, as they said, "white civilizations where women are involved with everything." Some of them even told me that they didn't want me to "modernize their wives!" Their restrictions with the outside world made it even harder for me to lay down some explanations about the disease. As I mentioned before, men in Tsinkop like to be very sexually active; therefore, I knew that

very reticent; some men even threatened to get a divorce if they had to wear protection to have sex. In other ways, a small number of men were very favorable to the situation. I had already spent two weeks there and the outcome was not remarkable.

Then I realized that the village's sorcerer was the man everybody would listen to since he is considered the representative of the gods in the village. I spoke to him for more than an hour and answered many questions from him, trying to convince him about the power of the deadly virus. At the end of the conversation, his only reaction was "I will give you an answer tomorrow." I never knew what happened that night; I guess he consulted the spirits. Nevertheless, early the following morning, he gathered the entire village and

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their biggest concern was my putting a brake in their sexual lives. After showing them pictures, I started to explain how the disease is contracted sexually.

I knew deeply that something had to be done; I had to get those men concerned one way or another. At that particular moment, I decided to have a meeting with the women behind their husbands' backs. It was not very fair to them, but I felt it necessary to do something in order to save that small village. What gave me enough courage was the look on those women's faces; they were desperate for a solution, and they didn't want to bury any more relatives. Every day for two weeks, while the women were working, we talked about their sexuality related to the disease. I taught them different ways to get protection, but what mattered the most was to communicate with their mates and to reach their hearts and souls. At first the men were



asked everybody to follow my advice without objection. I was thrilled and once again explained step by step what I knew about AIDS. The SWAA was providing the simplest protection for the men in the village: condoms for every man, with the help of a small hospital nearby. After one month of counseling, everybody in the village agreed to fight against the disease.

Deep inside, I know that there are still many things that need to be done for those villagers and for the whole world. But in my heart, I could not help but have a little satisfaction that maybe I saved one life. That's what was all-important to me. We know that scientists are still working on possible ways to find a vaccine. With a true partnership, in the form of a grand coalition of leaders, organizations and individuals at any level, everybody is working in different ways towards the common goal: the conquest of HIV/AIDS.