you and find innovative ways of inspiring them and sustaining their lives. Those living with HIV and AIDS should not be shunned; there are ways of helping a PLWAS feel good and by so doing, enhancing the quality and even duration of their lives. If you are infected, closely work with health workers and counselors to prevent or treat other illnesses.

- (iv) Spearhead the campaign in your family, community and at work: volunteer to work in the community and at the workplace and join advocacy efforts aimed at confronting the challenges posed by HIV and AIDS. However minimal these efforts may look, when looked at cumulatively, they can have far, wide reaching and great effects. The world is a better place today because of the boldness and courage of people like Nelson Mandela, Martin Luther King, Mahatma Gandhi: an idea acted upon by a few can have great impact.
- (v) Become an integral part of the campaign to 'Bwogo'
  HIV and AIDS: stubbornly refuse to become a statistic
  (by avoiding infection); resist attempts to allow HIV
  and AIDS to decimate the new Kenyan and to
  stigmatise those Kenyans who have fallen prey to it.
  Kenyans need to ask some hard questions like: why
  have we not succeeded in stopping this enemy dead on
  its tracks? What is it that you as an individual; we as a
  family and community; we as 'unbwogable' Kenyans
  can do to resoundingly and emphatically respond to
  this challenge?

Make a difference, be part of the solution. As Kenyans we can "Bwogo" HIV and AIDS!

# Become part of the Solution



Friedrich Ebert Foundation (FES)

P.O. Box 14932 00800 Peponi Plaza Nairobi, Kenya The HIV / AIDS Challenge:
Our Social Responsibility

### **■** Preamble

The enemy has disguised itself, lodging itself in the city's water reservoir which serves the whole city. So, it slowly seeps into most of the tanks. When people get unwell, with some of them dying, a special filter that can stop the enemy from getting into the water is discovered. Clearly, most people would do all that they could to protect themselves and their loved ones, and so they would procure the filter.

HIV/AIDS is attacks as stealthily, through processes that are close and dear to all human beings: the infected mother passes the virus to her child at birth or through breastfeeding; people who are usually close get infected through sexual intercourse; (previously) people donating blood sometimes in life-saving conditions passed the virus on to others; and rarely a health worker attending to an infected person. One has to distinguish between the enemy, that is the HIV virus and the person who is infected by the virus: the enemy is the virus, not the carrier, a fact that was lost on many people when HIV/AIDS was first discovered, leading to regrettable stigmatization.

# Background

At the dawn of the 21st century, there were some 33.6 million reported cases of men, women and children worldwide living with HIV and AIDS. This number is greater than the population of Kenya, that of Uganda and of Tanzania. The number of people who died in World War I was about 10 million, while those in World War II were an estimated 35-60 million. Instead of treating HIV and AIDS as the most dangerous enemy the human race has faced so far and as a threat greater than any other since the plague, we have been reluctant in our response.

If you heard that there was an enemy near your house, would you not take up all the weapons you could gather to deal with this enemy? If an enemy was spotted at the boundary, would those at the border not sound a warning, loudly, relentlessly and frantically? This quick response has been lacking in Kenya, leading to the high infection rates and the high death toll of some of the most productive people in society. This issue is grave given that the virus has a long window period, meaning that even healthy looking people can be infected before they show symptoms. The call to action should be louder and more emphatic in sub-Saharan Africa which is home to about 95 per cent of the people living with HIV and AIDS.

# ■ HIV and AIDS in Kenya

This is a brief profile of the impact of HIV/AIDS in Kenya:

- The virus infected 300,000 people in Kenya in the year 2000. This means that 821 people (population of some schools) became infected daily and that 34 people became infected every hour.
- There are 2.2 million Kenyans living with HIV and AIDS. This is just less than the population of Nairobi of about 3 million people.
- Life expectancy has reduced from 65 years to 44
  years, what it was before independence taking us
  right back to this time in this respect, after 40 years.
- In Kenya, 70 per cent of those newly infected fall in the age bracket 14-25 years. Where does this leave Kenya if this generation, commonly viewed as the 'window of hope' for our future is under such serious threat?
- It is estimated that there will be about one million children (1,000,000) orphaned by HIV and AIDS in the

near future. This will greatly stretch the social and community systems greatly

### **■** Modes of Transmission

The HIV virus is mainly transmitted through sexual intercourse, contact with blood, and mother-to-child transmission. Less commonly, the virus can be transmitted through blood transfusion and from contaminated skin piercing instruments. Unlike in the developed world where the virus was initially more common among homosexual men, in sub-Saharan Africa, heterosexual intercourse accounts for most of the transmission. Historically, the association of HIV and AIDS with homosexuals, with truck drivers and with sex workers led to people believing that it was a disease of 'the other', of promiscuity. Consequently, immense stigmatization grew with regard to HIV and AIDS, leading to great secrecy and isolation among those infected and affected.

## ■ Make a Difference!

- (i) The first course of action against HIV and AIDS is the ABC: Abstinence; Be Faithful to one faithful partner and use the Condom. Yet we need to go beyond the ABC;
- (ii) Choose Life by taking Control: it is important to know your status and that of your partner so that you can make decisions based on the results of an HIV test: this can easily be done at the nearest VCT centre, health clinic or hospital.
- (iii Be an Advocate of Positive Living: care for those who are living with HIV and AIDS, particularly those close to