Sexuality in Africa

MAGAZINE

Vol 3 Issue 4

Love, Marriage and Positive Living

Daniel Jordan Smith and Benjamin C. Mbakwem

“Living Positively is Accepting Your HIV Status, Loving Yourself”

Crépin Djemna, Asunta Wagura and Chouchou

Positive Living in Africa: Challenging But Doable

Yinka Jegede Ekpe

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Cynthia Leshomo, 32-year-old HIV/AIDS counsellor won the 2005 edition of the Miss Stigma Free pageant. The goal of the pageant, organised by the Centre for Youth and Hope (CEYOHO), a Botswana-based HIV and AIDS non-governmental organisation, is to fight discrimination against people living with the HIV and AIDS. *Photo credit : IOL South Africa website; viewed December 14, 2006*

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EDITORIAL

Healthy, Responsible and Pleasurable Sexuality: Lessons from PLWHA

By Richmond Tiemoko

Through this edition of the magazine we join the African community in marking World AIDS Day and the fight against violence; especially sexual and gender based violence.

Sexual violence, gender based violence and HIV and AIDS are issues affecting an increasing number of Africans. Thus, many can hardly enjoy their sexual and reproductive health and rights. This situation is not only presenting sexuality as a killer but it is also increasing the burden of sexuality related ill-health. As recently as 2001, the total estimated sexual and reproductive health burden represented nearly a third (31.1 %) of the disease burden in Africa(1). It is therefore time to join the effort to restore positive sexuality, protect sexual and reproductive health and rights and prevent HIV.

It is widely accepted that the emergence of HIV has provided more opportunities for open discussions of sexuality issues . On the other hand, HIV has somewhat reinforced the over-moralization of sexuality and stigmatization of the sexual being. What has been neglected in this process is the contributions of People Living with HIV and AIDS (PLWHA) to the promotion of responsible sexuality by all members of the society, regardless of their HIV Status.

We at ARSRC believe that PLWHA provide a clue to the promotion of responsible and healthy sexuality. We argue that learning from the sexual lives of positive people will not only contribute to HIV prevention, but also to the practice of responsible, respectful and pleasurable sexuality. This will lead to improved sexual health and well-being. In line with this position ARSRC has embarked on a project to learn and disseminate crucial lessons for healthy and responsible sexuality from the viewpoint of PLWHA. This edition presents the initial findings of the project.

Through this issue, ARSRC intends to join the international community in commemorating the World AIDS day. We at ARSRC think that there are many role models among People Living Positively (PLP) whose lives are worth emulating with regard to issues of health, as well as responsible and pleasurable sexuality.

> ...HIV has somewhat reinforced the over-moralization of sexuality and stigmatization of the sexual being

Lesson 1: Communication between partners.

The interviews provided in this magazine clearly point to the need for open communication between partners. Communication on the sexuality needs of each partner is crucial for providing and getting pleasure and satisfaction. It would definitely reduce sexual violence between intimate partners. As Wangura said 'I derive sexual satisfaction because it's a subject I discuss openly with my partner without pretence or hypocrisy'

Lesson 2: Sex (sexual intercourse) should be the icing on the cake because there are other sources of sexual pleasure and satisfaction.

Refusing to have sex with a husband is largely accepted in many countries as a valid reason for wife beating, according to data from the Demographic and Health Surveys. Similarly, sexual violence remains quite common in Africa. The findings of this project suggest that individuals and sexual partners could also explore other sources of pleasure and satisfaction beyond sexual intercourse. Sweet talk, touching, auto-eroticism, companionship and care are all important ways of getting and providing pleasure and satisfaction. These are lessons that we can learn from the experiences of PLWHA.

In sum, responsible and pleasurable sexuality would not only contribute to HIV prevention and the care of PLWHA, but it will also promote sexual health and well-being of the population. As we commence the festive season, let us remember and live the advice given by the Executive Director of Kenya Network of Women with AIDS-(KENWA) - 'Responsible sexuality involves not exposing yourself or your partner to infection'. And more importantly 'always, a consensus must be reached between the two parties and sex should be a component of a broader partnership or relationship - the icing on the cake'

Wishing you a healthy and pleasurable festive season!

References

(1) Vlassoff M., S. Singh, J. Darroh, E. Carbone and S. Bernstein. (2004) Assessing Cost and Benefits of Sexual and Reproductive Health Intervention. Occasional Report No11. December. Washington, Dc and New York: The Alan Guttmacher Institute.

Richmond Tiemoko PhD is Director, ARSRC

FEATURE

Love, Marriage and Positive Living

By Daniel Jordan Smith and Benjamin C. Mbakwem

Access to antiretroviral (ARV) treatment : ARVS enable people who are HIV positive to live longer, healthier lives. Photo by WHO/Eric Miller

Introduction

As access to antiretroviral (ARV) therapy increases worldwide, attention has begun to turn to the effects of treatment on prevention, and specifically the sexual behaviour of recipients [1]. Much of this work has been conducted in developed countries and has focused on homosexual men [2-4]. Research in developing countries has addressed the possible connections between treatment and risky behaviour utilizing mainly quantitative data from surveys [5-8]. Few studies have considered the sexual behaviour of people on ARV therapy from the point of view of marital and reproductive goals [9], and little ethnographic research has been undertaken on the topic. This report focuses on preliminary ethnographic research conducted in southeastern Nigeria, examining particularly the intersection between antiretroviral treatment and the life projects of marriage and reproduction.

Therapy and Life Projects

The concept of life projects is introduced to emphasize how people's social aspirations and trajectories influence their behaviour in ways that are not easily predicted by or understood purely in terms of medical priorities. In particular, as people realize that HIV/AIDS is no longer a certain death sentence, they strive to actualize their most important goals, which in southeastern Nigeria as in much of the world include marriage and parenthood. Although ARV therapy enables people with HIV to hope for and undertake these life projects, it also continues to interfere with them, and achieving these larger goals frequently impinges on people's capacity to stay on therapy, follow recommended treatment regimes, and take adequate precautions to protect others (and themselves) from further infection.

For unmarried adults who learn they are HIV-positive, the devastation of the diagnosis comes not only from the fear that they will die young, but from the realization that they may die without marrying and having children. Until the advent of ARV therapy, the cliché that HIV/AIDS was not only a physical but also a social death sentence was the perceived reality in Nigeria. Stigmatization was produced not only by the disease itself, but by the fact that a life cut short by AIDS was often a life without reproduction. With the possibility of treatment and a prolonged life, among the most important goals that people receiving ARV therapy pursue are the life projects of marriage and childbearing.

The Research

Here we report on findings that are the result of several years of research by the authors in southeastern Nigeria, funded largely by the U.S. National Institutes of Health (grant #: R01 HD041724) as part of a larger study, "Love, Marriage and HIV." Since 2001, the Federal Medical Centre (FMC) in Owerri, Imo State has served as the only facility in the southeastern region offering ARV therapy. In 2006, following a new national policy of free drugs and plans for a massive scale-up, the FMC-Owerri began expanding its government-

supported program with a target of 2,000 patients. By July 2006, more than 1,800 people were enrolled. Over several years, we interviewed dozens of people receiving ARV therapy.

Chinyere's Story and Life Project

The case of Chinyere (a pseudonym) is illustrative. Early in 2003 she went to a private hospital very sick. She was admitted at an institution notorious for its unwillingness to treat HIV cases. After a short stay at the hospital a nurse asked Chinyere to follow her to the doctor's office. Barely able to walk, Chinyere dragged herself into the doctor's consulting room. As she sat down he held up a piece of paper (her lab result) and shouted: "Look at you! The sin of fornication has finally caught up with you! Before I open my eyes I want you out of this building. We don't treat people like you here."

She eventually received treatment from another doctor who willingly cares for HIV patients. Her health improved and at that time she did not enrol in the FMC-Owerri ARV program. For many months Chinyere felt fine and she put her HIV status out of her mind.

Later the same year, Obi (a pseudonym), a Nigerian man based in Europe whom Chinyere's family wanted her to marry, came home for a visit, partly with the idea of determining whether Chinyere was the woman for him. In contemporary southeastern Nigeria, young people increasingly choose potential spouses independent of their families' preferences, often based on an ideal of romantic love. But the role of families in suggesting possible spouses and advocating for (or rejecting) particular unions remains prominent. Men who have migrated overseas are particularly likely to seek help in finding a good girl from home to marry. Just before Obi was to return to Europe, Chinyere fell sick and was too ill to escort him to Lagos for his departure.

Enrolment on ARV Programme

After falling sick, Chinyere enrolled in the ARV programme. She began to get well physically, but she felt she had bigger problems the possibility that her HIV infection would derail her marriage plans. During Obi's visit things had gone so well that they had initiated the first steps in the traditional marriage ceremony and Chinyere had moved in with her future mother-in-law. Soon after Chinyere started on her ARV drugs, Obi arranged to have the next steps of the traditional wedding ceremony done in his absence. In the week leading up to the traditional ceremony, Chinyere developed rashes all over her body, a common reaction to Nevirapine, one of the first-line drugs in the ARV combination commonly provided in Nigeria's ARV programme.

Survival Strategy

Chinyere was frantic about her appearance, worried that someone might guess that she had HIV. She eventually informed her mother-in-law that she had an allergic reaction to an everyday medication and this was the story conveyed to the larger traditional wedding party. Chinyere made it through the traditional wedding without her HIV status being discovered, but she still faced the fact that Obi would soon come home for the church wedding, and she had not yet revealed her status to him.

The impending church wedding hastened her dilemma because she and Obi were Catholics and HIV tests were required of all couples wanting to marry in the church. She settled on the idea that she would go together with Obi for pretest counselling, pretend it was her first test, and feign horror when her result was revealed. She banked on the hope that Obi would stick by her when her status was revealed now that they were traditionally married, and that she would avoid the worse consequences of his discovering her longer-term deception.

Co-conspirator

On the appointed day, when she and Obi went for their results, Chinyere fainted dramatically. Her gamble paid off. Although Obi tested HIV-negative, he did not react angrily about her result. Indeed, once Chinyere's status was known Obi became a co-conspirator in figuring out how to get married in the church. He could accept his wife's HIV status, but he could not live without the social recognition of a church wedding and he personally arranged to secure a fake lab result for his bride to be. They married in the church and Chinyere eventually became pregnant. With the aid of treatment her child was born HIV-negative. She did not breastfeed the baby boy and again had to invent an explanation to cover her unusual behaviour.

Over time we lost contact with Chinyere, but at last report her marriage remained amicable, her child was healthy, and only she and Obi knew her HIV status.

Marriage and Parenthood

In our research we found that the most valued part of a life resurrected by ARV therapy is the chance to marry (or remarry) and have children. While the vast majority of people on ARV therapy at the FMC-Owerri are mindful of the continued risks to themselves and others, and committed to keeping themselves and their loved ones safe, the physical risks to

> "Look at you! The sin of fornication has finally caught up with you! Before I open my eyes I want you out of this building. We don't treat people like you here."

personal and public health are factored into a larger equation in which the very reasons for being alive are always paramount. In southeastern Nigeria, marriage and parenthood, the principal tasks of biological and social reproduction, reign supreme in the hierarchy of social expectations and individual aspirations.

For many people on ARV therapy, the dilemmas of how to marry and make families while living with HIV are resolved, or at least addressed, by seeking partners from within the communities created through treatment and the support groups that have been established as a result. At the FMC-Owerri, a support group has become a principal network for people seeking sexual partners, possible spouses, and eventually pregnancy and children. But not everyone who is HIV-positive can or will find love or marriage within the support groups.

The lives of people living with HIV remain naturally intertwined with the wider population of people who do not know their status. Life projects, especially reproductive life projects, continue to pose ethical predicaments, public health risks, and existential dilemmas. Whether, when, and how to disclose one's HIV status; how to marry and have children in ways that meet social expectations and achieve personal ambitions; and simultaneously how to stay healthy and on drugs these are priority issues for people living with HIV who have been provided another chance at life by the availability of ARV drugs.

ARV Therapy and Stigma

While the availability of drugs has the potential to eliminate the social and biological death sentences previously associated with HIV/AIDS in Nigeria, the scaling up of treatment has not yet significantly reconfigured the landscape of stigma. As a result, people on ARV therapy continue to try to manage their treatment mostly in secret. In many cases the resurrection of reproductive life projects can prove to be an obstacle to adhering to therapy and vice-versa. For people who rely on antiretroviral medicines to live, the continuing stigma of the disease means that the very drugs which have restored their futures also threaten to undermine their most precious life projects. The drugs themselves, so valued for their physical effects, can be reminders of the enduring difficulties and discrimination associated with HIV/AIDS.

References

1. Wilson TE, Barron Y, Cohen M, Richardson J, Greenblatt, R, Sacks H, et al. Adherence to antiretroviral therapy and its association with sexual behavior in a national sample of women with Human Immunodeficiency Virus. Clinical Infectious Diseases 2002; 34(4):529-534.
2. Ostrow DE, Fox KJ, Chmiel JS, Silvestre A, Visscher BR, Vanable PA, et al. Attitudes towards highly active antiretroviral therapy are associated with sexual risk taking among HIV-infected and uninfected homosexual men. AIDS 2002; 16 (5):775-780.
3. Stephenson JM, Imrie J, Davis MMD, Mercer C, Black S, Copas AJ, et al. Is use of antiretroviral therapy among homosexual men associated with increased risk of transmission of HIV infection? Sexually Transmitted Infections 2003; 79(1):7-10.
4. Stolte IG, Dukers NHTM, Geskus RB, Coutinho RA, de Wit JBR. Homosexual men change to risky sex when perceiving less threat of HIV/AIDS since availability of highly active antiretroviral therapy: a longitudinal study. AIDS 2004; 18(2):303-309
5. Wilson TE and Minkoff H. Condom use consistency associated with beliefs regarding HIV disease transmission among women receiving HIV antiretroviral therapy. Journal of Acquired Immune Deficiency Syndromes 2001; 27(3):289-291.
6. Moatti JP, Prudhomme J, Traore DC, Juillet-Amari A, Akribi HAD, Msellati P. Access to antiretroviral treatment and sexual behaviours of HIV-infected patients aware of their serostatus in Cote d'Ivoire. AIDS 2003; 17 (Supplement 3):69-77.
7. Wilson TE, Gore ME, Greenblatt R, Cohen M, Minkoff H, Silver S, et al. Changes in sexual behavior among HIV-infected women after initiation of HAART. American Journal of Public Health 2004; 94(7):1141-1146.
8. Bateganya M, Colfax G, Shafer LA, Kityo C, Mugyenyi P, Serwadda D, et al. Antiretroviral therapy and sexual behavior: a comparative study between antiretroviral-naive and -experienced patients at an urban HIV/AIDS care and research center in Kampala, Uganda. AIDS Patient Care STDs 2005; 19 (11):760-768.
9. Wilson, TE. Sexual and reproductive behavior of women with HIV infection. Clinical Obstetrics & Gynecology 2001; 44(2):289-299.

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ISSUE IN FOCUS

"Living Positively is Accepting Your HIV Status, Loving Yourself"

By Crépin Djemna, Asunta Wagura and Chouchou

Crépin Djemna

We are grateful to Chouchou and Crépin Djemna both from an organisation in Cameroon; and Asunta Wagura , Executive Director, Kenya Network of Women with AIDS-(KENWA), who shared with us their insights and experiences of love, marriage, sexuality and life generally, as People Living With HIV and AIDS on the African continent.

On Sexuality and Sexual Health

Do you consider yourself a sexual being?

Crépin Djemna who has been positive since 1998 responds with an emphatic 'yes'. "Yes, As long as I have sexual desires and libidinous instincts and as long as I have sexual intercourse which I derive pleasure from; I think it is necessary to admit that I am a sexual being. Asunta Wangura affirms: "Of course I am a sexual being because I am a product of good sex and I practice the same".

Chouchou explains further, "The HIV diagnosis or result generates more or less a transitory loss/disappearance of sexual feelings, a degradation of the body image, self esteem and difficulties in maintaining a satisfying, long-term relationships. Having experienced all these emotions and problems, knowing that I have some interest in sexual relations or intercourse, it is obvious that I am a sexual being".

How can you describe your sexual life as a person living with HIV?

"The sexual life of a person living with HIV is not very free and does not always satisfy my desires - with regard to the choice of my partners as well as the manner of love making. There is also the constraint arising from the responsibility one must display in an endeavour to limit the risks of re-infection", Djemna notes.

Wangura explains: "When first diagnosed, I considered sex dirty and blamed it for my fate. I suppressed this need for long until I could suppress it no more and openly declared I am a human being with sexual needs and feelings which need fulfilment without apologies to anyone. I decided I did not need to offer any explanations; it is my right, irrespective of my HIV status. So I lead a full sexual life.

The situation is even more difficult for women says Chouchou: "The sexual life of a PLWHA is very difficult especially for HIV positive women. It does not suit our desires. It makes one the object of a strict regulation which chooses those who are permitted to enjoy sexual acts and which partner they can be with.

What do you understand by responsible sexuality? In what ways can a PLWHA live a responsible sexual life?

I derive sexual satisfaction because it's a subject I discuss openly with my partner without pretence or hypocrisy and so we have 50-50 share in the enjoyment.

"For me, responsible sexuality, is one in (the course of) which the risks of infection and re-infection are limited whether one's partner is HIV positive or negative; this is sexuality that respects fidelity to one's partner. On the other hand, one must not lose sight of the desire to have a child and the fact that a child requires a lot of attention", Djemna observed.

According to Wangura, "Responsible sexuality involves not exposing yourself or your partner to sexually transmitted infections (STIs). Always, a consensus must be reached between the two parties and sex should be a component of a broader partnership or relationship - the icing on the cake".

"I believe" says Chouchou that "responsible sexuality is one in which desire and pleasure are inscribed on true and genuine standards of good behaviour, bearing in mind the need to fight against HIV and other STIs, and avoid re-infection at all cost. I think that in all, fidelity is critical".

Chouchou observed, "I once expressed interest in having a baby, in spite of my HIV status and I was criticized all around. The view is that a PLWHA should not think along those lines because having a baby involves sexual intercourse. And sure, I confirmed I would go the natural way of conception. So many reasons were given why I should not. I was firm that I was going on with my plan because it's about my life and I have only one life to live".

How do you ensure that you derive sexual satisfaction and pleasure from your sexual life and sexual relationships? What are the major challenges you face?

"I derive sexual satisfaction because it's a subject I discuss openly with my partner without pretence or hypocrisy and so we have 50-50 share in the enjoyment. In any case, because this is what I want, I ensure that I get exactly what I want from intercourse. I am not there to please my partner neither is my partner there to please me... My challenge initially centred around the age gap between my partner and I. my partner is 11 years younger. But that has been resolved. Challenges are more from outsiders who feel we shouldn't be that way", says Wangura.

As far as Djemna is concerned, "the acceptance of one's HIV status is a non-negotiable condition necessary to experience sexual satisfaction. To feel loved, understood, supported and accepted guarantees, to a certain extent, satisfaction and pleasure in life and sexual intercourse".

."Imagine", says Chouchou, "a scenario whereby a HIV positive woman is with a negative partner. Condoms appear to symbolize guilt. The partner is bound to entertain the fear that she will inflict him (with it)".

Please describe in your own words what it means to "live positively" in the part of Africa that you live.

"Living positively is in a way the acceptance of one's status", says Djemna. He adds, "It is a life in which one must overcome the prejudices that bring about stigmatization, rejection and discrimination; a life in which a person is self assertive and has self esteem. It means adapting to the environment to the extent that one experiences a pronounced ease in daily activities."

Chouchou reiterates the point made by Djemna. She says : "Living positively is accepting your HIV status, accepting and loving yourself the way you are, developing self-assertiveness and self-esteem. Get rid of stigmatization, discrimination, prejudices and rejection. Adapt yourself to your environment. Develop your personality, abilities and potentials".

Challenges and Strategies

What are the main challenges that you have encountered and how did you overcome them?

"The acceptance of PLWHA by the community and the ability to adapt to the environment are the major challenges we face" Djemna says. He

adds: "To confront and successfully overcome these challenges requires profound awareness. One has to improve one's psychological strength, acquire knowledge and develop skills in areas such as: self assertiveness and self esteem. There is need to take cognizance of the new life one is called to live and abide by the concepts and guidelines of this new life".

Chouchou says, "stigmatization and discrimination by the community and non-acceptance by my family were some of the challenges that I faced. The other problem was adapting to my new life". She advises, "accept yourself, find support from a close relative, then, maintain a good sense of humour and open yourself to new experiences. In short, be resilient".

Programmes and Policies that Promote the Rights Of PLWHA

What particular policies would be important to protect the sexual rights of PLWHA? Please indicate whether such policies are in place in your country.

"I think it is important to have a policy that protects and respects the choices and sexual practices of each individual" says Djemna who is from Cameroon. "Unfortunately, in our country, certain choices and sexual practices are considered as deviant, others as illogical behaviours which are condemned. Moreover, a national legal and judicial framework to protect PLWHA in particular does not exist", he adds.

Chouchou, also a Cameroonian observes, "In my country, to respond to the HIV pandemic, the government has set up a multi-sector policy. Unfortunately, the constant fact is that the individuals in charge of the implementation and management of programmes focus more on their personal interest than on the goals of the policy. The distribution of grants does not take into account the efficiency of existing structures or support groups but rather, human relationships. All these lead to mismanagement and misuse of allocated funds and, consequently, the failure of the policy".

Chouchou continuing her argument further notes that the focus of HIV/AIDS programmes has shifted from a focus on providing prevention information to treatment access. She insists that "there is still a real need for information and sensitization in many localities in the rural areas. These sensitization activities are almost exempted from grants provided today. It is a question of taking account of local realities in the design and management of community action plans".

The majority fight for HIV not against it. Funds mobilized for campaigns against AIDS have become a big public cake

Please provide any other information or experience you would like to share.

Djemna explains that the systems that have been established to take care of PLWHA activities are good but "there is a real problem with implementation and follow up. Persons living with HIV and AIDS are not very involved in the formulation of policies and there is a very big gap between the policies and their implementation".

Djemna further explains that while there are many actors in the HIV/AIDS work, , "the majority fight for HIV not against it. Funds mobilized for campaigns against AIDS have become a big public cake where everyone takes their share; the size depends on their power, influence and importance. In fact, AIDS itself causes less havoc and damage than the clash of interest around the financing of the programmes...".

Ms Asunta Wagura is the Executive Director of Kenya Network of Women with AIDS (KENWA), based in Nairobi

Crépin Djemna who has been HIV positive since 1998 and Chouchou (not real names) who found she was HIV positive in 1997 both work with KASAFRO o.n.l.u.s in Cameroon.

CEYOHO Keeping Hope Alive

(CEYOHO keeping Hope Alive) who are HIV positive, organise the annual Ms HIV Stigma Free Pageant

Introduction

Founded in 2002 by young people living with HIV and AIDS (PLWHA) in Botswana, Centre for Youth of Hope (CEYOHO) has as its primary target group, young people living with HIV and AIDS.

Mission Statement

"CEYOHO exists as an organization that offers a new direction of hope and love to young people infected and affected by HIV/AIDS. CEYOHO does its work by making it possible for its members to become responsible role models in responding to the epidemic in Botswana".

Programmes and Services

CEYOHO provides care and support to young people living with HIV and AIDS and educates the general population on prevention issues and how to live positively with HIV and AIDS.

The organisation also supports the establishment of income generating activities by young people as a strategy to mitigate the socio-economic impact of HIV/AIDS. CEYOHO is also engaged in community mobilisation and awareness creation to promote community participation and involvement in increasing access to a range of programmes and services including: antiretroviral (ARV) therapy, Community Home Based

care (CHBC), Prevention of Mother-to-Child Transmission (PMTCT), Isoniazid Preventive Therapy (IPT) and Voluntary Counselling and Testing (VCT). The three core programmatic strategies are outlined below.

Stigma Reduction

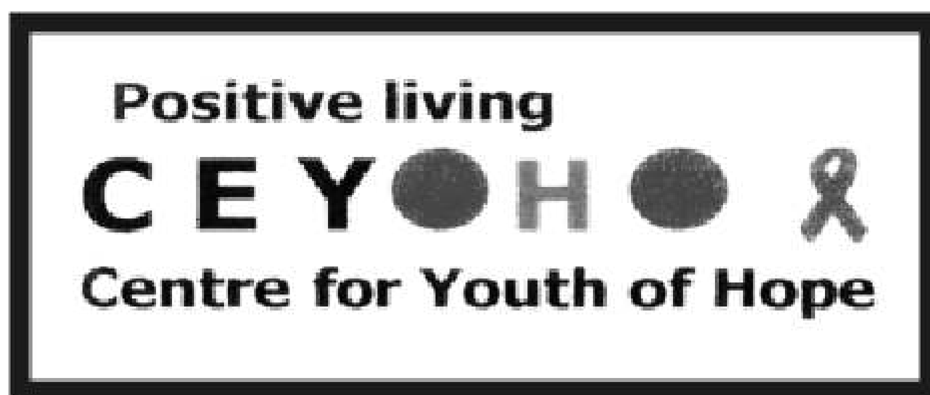
Stigma reduction among young people; especially those living with HIV and AIDS, is a core programme focus for CEYOHO. Stigma continues to sustain the culture of silence among youth who are HIV positive and, hence, fuels the silent spread of the epidemic. Stigma has also instilled the fear of rejection, isolation and discrimination in PLWHA and has, thus, restricts the utilization of HIV/AIDS related services provided; including ARV therapy, PMTCT, IPT, CHBC; and in particular, voluntary counselling & testing (VCT).

In an effort to de-stigmatize the disease and empower HIV-positive young people, Ms HIV Stigma Free Pageant was developed . CEYOHO uses this programmes as a vehicle to erode the stigma associated with HIV and AIDS in its multiple dimensions. Miss HIV Stigma Free brings together HIV-positive women as contestants in a pageant in which one of them is chosen as a 'positive living' role model. Working in collaboration with CEYOHO, the winner of the Ms HIV Stigma Free Pageant becomes a visible advocate for prevention and de-stigmatization of HIV/AIDS.

Miss HIV Stigma Free Pageant was recognised in 2004 as the best community initiative in Africa by "Initiative Africa" based in France.

Behaviour Change

CEYOHO implements behaviour change programmes targeted at young people. The level of awareness of HIV and AIDS in Botswana is estimated at over 90%. However, this awareness has not translated into desired behaviour change. Young people continue to expose themselves to risks that increase their vulnerability to HIV and Sexually Transmitted Infections (STIs).



Support Groups

The organisation mobilises young people and facilitates the formation of youth support groups with particular emphasis on providing care and support for youth living with HIV and AIDS; and strengthening their ability to live positively. The Centre has been widely acknowledged for its models for engendering positive living among young people. This is because CEYOHO programmes confront the underlying causes of stigma. CEYOHO believes that stigma can be addressed and overcome; that stigma, can in fact, be eradicated through the concerted efforts of organizations sharing a common goal, working together at different levels and utilising participatory approaches.

Thus, CEYOHO embraces the national aspirations of Vision 2016 'No new infection.'

The Centre also implements community mobilisation techniques in areas such as clinics, workplaces, schools, churches, bars, bus and taxi stations.

For Further information, contact:

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SPOTLIGHT

Positive Living in Africa: Challenging But Doable

By Yinka Jegede Ekpe

Yinka Jegede Ekpe found she was HIV positive at age nineteen (19); a time when many young women are dreaming of a bright and romantic future. Through the struggle to stay alive, Yinka Jegede Ekpe has learned to enjoy herself and to impact the lives of others through her work as executive director of Community of Women Living with HIV/AIDS in Nigeria (NCW+). In 2003 she received the Reebok Human Rights Award in recognition of her work. She recently delivered a child who is HIV negative. Here, Yinka shares with us her passions, thoughts and challenges as a positive woman living in Africa

Staying Alive

Yes, indeed, I am a sexual being because I have life, I have feelings and I am human. I must however add that as a PLWHA, there are additional precautions that one must take in order to stay alive; it is a responsibility and very challenging but one has to just take it like that so as to stay alive. For example, you have to have protected sex always. Sometimes it may be very challenging but I think

with time one gets used to it.

Love, Parenthood and Parenting

I just had my first child. Having a baby involved a lot of care and lots of medical advice before we could achieve this. I did not opt for artificial insemination; so my husband and I had unprotected sex; we had to bridge the gap when we got to the stage of having a baby. I found that medically, you could do that. But it has a lot to do with ones viral load, the CD4 count; you have to make sure that the viral load is low and the mothers' health is good in order to create an enabling environment for the baby.

My husband had to keep checking; when we found that his viral load was undetectable; mine too; it was at that stage that we could have unprotected sexual intercourse so I could get pregnant. I must stress here that after getting pregnant, we stopped having unprotected sex. We started using the condom because some may think that having an undetectable viral load is a reason to abandon caution.

Striking a Balance

Getting around these challenges and obstacles and not allowing them get in the way of our love life and relationships is much easier for my husband and I because we are both positive and we understand what it's all about.. It is easier because we discuss things, we put things on the table, we reason together. We are also open to new information; we seek people who are more knowledgeable on this subject; and thus, we are able to strike a balance.

Advice for Intending Parents

If you are HIV positive and are thinking of having a baby, the first thing you must do is discuss it with your partner. It is not just about having a baby; it's not just getting pregnant and delivering the child. There are many issues involved: there is the issue of how to have the baby - do you want to have it through vaginal delivery or a caesarian section? Will you breastfeed or use infant formulae? How much income do you have? A lot of factors have to be in place before a decision is taken and it has to be jointly taken.

Sometimes family members can also be involved; whether in the areas of financial, emotional and moral support; or even to help you care for the child. When I came back from delivering my baby, I had lost quite a bit of weight. My mother offered to assist. It is much easier because I am not breastfeeding so she can do a lot of the things on my behalf to enable me recuperate fully. So, all these things have to be in place. One must discuss the issue fully before attempting to have a baby.

Baby's Status

Yes, my baby is HIV negative. I just got the last result. I did the test three times - at birth, at one month and six weeks, respectively. I did the last test in Nigeria. Yes, I am very happy. It was worth it after all the drugs, the endless needle pricks, Caesarean section and tears. She is my first baby.

Enjoying Pleasurable Sexuality

What may be satisfying and pleasurable for us may not be for other people. Sometimes just talking about issues; and touching can be satisfying for both of us. We love doing fun things together. We live close to the waterfront; sometimes, we stroll on the beach, talking, we leave everybody behind.

Major Challenges

One of the challenges I faced was when I reacted so much to a particular batch of condoms. My mind was off sex completely and I tried to avoid it because I knew we had to use the condom. I think the problem may have been due to storage of the condoms. Afterwards, when we changed the condoms we were using, I did not have such a reaction. Also, when I was pregnant, I did not want to be touched. I knew it was not fair on my husband but emotionally I just could not handle that.

Positive Living in Africa

You need a lot of things, especially food. You need drugs ARV and opportunistic infection drugs. You need an enabling environment. For example, our drainage here is usually blocked and mosquitoes breed rapidly in the blocked and stagnant drains and that is not living positively at all. You need good potable water so that one can avoid water-borne diseases. If HIV positive and you want to live positively, one needs to run away from every source of infection these infections tend to depress the body's immunity the more.

Sometimes, we contribute money and buy kerosene to pour in the drains to destroy the mosquito larvae while we wait for the drains to be unblocked. Tap water is boiled and we have a water filter to ensure that the water we drink is safe. For drugs - we have been advocating - and we have some drugs but we still need more. We need more of ARVs and drugs to treat opportunistic infections. It is the opportunistic infections that kill

PLWHA faster.

Even if PLWHA want to have a baby, how do they take care of that child? My husband and I were discussing, the other day, how many tins of baby food our baby has consumed. As it is now, the smaller can goes for N1,200 (about US$9) and the bigger one costs N2,100 (about US$16).. How many families will be able to support a child? If they choose infant formulae as the option, how will they sustain this? Cost of living is so high and there is no support for PLWHA. Unemployment is high too. PLWHA should be supported to live independent lives and not live as invalids.

HIV Positive and Seeking A Partner

It is very difficult. At the age of 19 when I found out I was HIV positive, I had to inform the person I was dating at the time. It was difficult because, you are not sure how the person may react. I brought it out. He stood by me and wanted to remain by me, but I wanted the break up. In school, I opened up to my mates it was like opening a can of worms. Whenever they saw me talking with a guy, they would warn him, "do you know she is..." This would scare or cause a PLWHA to remain silent. So many young girls will keep quiet, even though they desire a partner or husband. As a young girl, it is very difficult. Some girls opt to stay alone but then due to constant pressure from family and friends who do not know what they are going through, they are forced to go into a marriage. In all of these, counseling is very important

I met my husband at a meeting with other PLWHA at Kaduna. We were very good friends for a long time before we decided that marriage was what we wanted. We let our children know about our status(my husband already had children). That way, they also contribute to our care and support. For instance, they would warn, "don't drink that water, mummy, it is not boiled. It will affect your health". This provides the opportunity to also discuss a lot of other issues with them.

... Sometimes just talking about issues; and touching can be satisfying for both of us. We love doing fun things together.

Source of Strength

What has kept me going so far? First and foremost, God, secondly my daughter and my husband who always says to me 'you are not going anywhere'. We always say that to each other. Then, I have my friends and loved ones. That is why I am still around. I still have a lot of work to do.

Advise to HIV Negative People

Those who are not positive should not look at life as piece of cake. They have to guard their status jealously. If you are still negative and have all the information at your fingertips, you must ensure that you protect yourself. Whether positive or negative, you have to be sure of the partner you are marrying. The key thing is, protect yourself.

(Interview was conducted by Arit Oku-Egbas and Ijeoma Alisa)

Yinka Jegede Ekpe is the executive director of Community of Women Living with HIV/AIDS in Nigeria (NCW+) and 2003 Reebok Human Rights Award Winner.

NOTES TO CONTRIBUTORS

Guidelines for submissions

The editors welcome submissions on the thematic focus of future issues of the Magazine, as well as other areas of sexuality, sexual health and rights.

ARSRC seeks articles for submission which are objective, analytical and mirror current/contemporary issues and debates in the areas of Sexuality, Sexual health and Rights in Africa. Articles should reflect a holistic/comprehensive approach to sexuality; taking sexuality discourse beyond health to incorporate broader issues of the expression of sexuality without guilt, fear or ill-health. While priority would be given articles that have not been previously, already published material may be considered depending on how relevant the subject area and focus is to ARSRC's work.

However, for already published articles, full details of previous publication and where to seek permission for reprint must accompany the article.

We particularly welcome articles related to our thematic focus for the following sections:

Region Watch: Topical issues with a country or sub regional focus.

Programme Feature: best practices from programme implementers.

Research Notes: Focus research and methodologies.

Viewpoint: Reactions to previous magazine issues or on a subject area that a reader wishes to express very strong views or opinion.

Length:

Feature articles: 1,000 1,500 words

Research issues: 800-1,000 words

Opinion articles: 400-500 words

Photo

We welcome photos with or without articles and will give appropriate credit when photo is used.

Presentation

Please submit initially, an abstract with your name, contact address, phone number, email address and details about yourself as you would wish it to appear on the list of contributors.

*****All contributors will receive a copy of the issue in which their contribution has been published.

Sexuality Resources

Guideline and Tools

1. Sexual and Reproductive Health of Women living with HIV/AIDS; Guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource-constrained settings.
   WHO, UNFPA 2006.
   Pdf:www.unfpa.org/upload/lib_pub_file/616_filename_srh_hiv-aids.pdf
   This publication provides guidance on adapting health services to address the sexual and reproductive needs of women living with HIV/AIDS and integrating these services within the health system. (Guidelines and Tools)
2. Fulfilling reproductive rights for women affected by HIV; A tool for monitoring achievement of Millennium Development Goals
   CHANGE, ICW, Ipas, PIWH, 2004.
   Pdf:www.genderhealth.org/pubs/MDGNov2004.pdf
   This practical tool helps to address areas of reproductive health: involvement of HIV-positive women in policy making and program implementation, fertility control that meets HIV-positive women's needs, and research on antiretroviral therapy in relation to fertility. (Guidelines and Tools)
3. A Positive Woman's Survival Tool Kit
   ICW, 1999.
   Pdf:http://www.icw.org/icw/Survival%20Kit.pdf
   This toolkit is designed to support, inspire and empower women living with HIV/AIDS, it also helps women deal with a positive diagnosis and navigate the issues they face as HIV-positive women. (Guidelines and Tools)

Research Reports

8. Reproductive Choice and women living with HIV/AIDS
   Maria de Bruyn, Ipas, 2002.
   Pdf:www.ipas.org/publications/en/repro_choice_hiv_aids.pdf
   This report summarizes available information concerning barriers and discrimination that women living with HIV/AIDS face in exercising their full sexual and reproductive rights concerning pregnancy. It is based on extensive review of literature and interviews with key informants in Australia, India, Kenya, South Africa and Thailand.
9. Does Being Treated with HAART Affect the Sexual Risk Behaviour of People Living with HIV/AIDS?
   Horizons. 2005
   Pdf:http://www.popcouncil.org/pdfs/horizons/mombsxlbhvr.pdf
   This report summarizes the results of a study undertaken in Mombassa, Kenya to compare the sexual risk behaviours of HIV-infected persons receiving highly active antiretroviral therapy (HAART) to those of HIV-infected persons who were not clinically eligible to be candidates for HAART
10. Sexuality and Sexual Risk Behaviour in HIV-Positive Men Who Have Sex with Men
    Nicole M.C. van Kesteren, Harm J. Hospers, Gerjo Kok, Pepijn van Empelen
    Qualitative Health Research 2005
    Pdf:http://qhr.sagepub.com/cgi/reprint/15/2/145.pdf

The Purpose of this study was to examine the psychological processes pertaining to sexuality and sexual risk behaviour among HIV-positive men who have sex with men (MSM).

Fact Sheets and Briefs

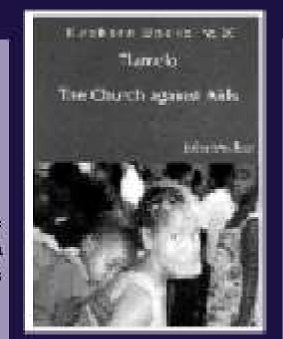
4. Towards a Rights-Based Approach to Sexual and Reproductive Health of HIV-Positive Women and Adolescent Girls.
   EngenderHealth, 2006.
   Pdf:www.engenderhealth.org/aids/pdfs/posters/EngenderHealth-Poster-SRH-rights-Aug-06.pdf
5. Meeting the Sexual and Reproductive Health Needs of People Living with HIV
   Heather Boonstra, Guttmacher Policy Review, 2006.
   Pdf:www.guttmacher.org/pubs/gpr/09/4/gpr090417.pdf
6. Sexual and Reproductive Health and Rights
   ICW, GCWA, 2006.
   MsWord: www.icw.org/files/SRHR-ICW%20fact%20sheet-06.doc
7. Sex, Life and the Female Condom: some views of HIV positive women
   Alice Welbourn, Female Condom Conference, Baltimore, 2005
   Pdf:http://www.path.org/files/gcfc2005/WOMEN_WITH_AIDS.pdf

Useful Organisations and Websites

1. AIDS Map
   www.aidsmap.com
2. International Community of Women Living with HIV/AIDS
   www.icw.org
3. Women, Children, and HIV
   www.womenchildrenhiv.org
4. Coalition for Positive Sexuality
   www.positive.org
5. International AIDS Society
   www.iasociety.org
6. Global Network of People living with HIV/AIDS
   www.gnpplus.net

Books

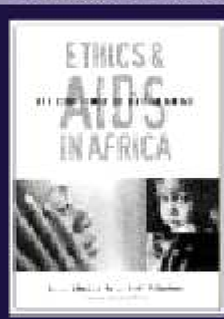
Tlamelo : The Church Against AIDS



Author: John Dubbey
Publisher: Kachere Series, Malawi North American Distribution, 2006
ISBN : 9990876460 (paperback)

Botswana, famous for having refused to squander its natural wealth, is also famous for having the highest HIV infection rate in the world. What does a church do when confronted with such a situation? This book not only describes how one congregation, the Open Baptist Church in Gaborone, reacted to it, but it also reflects on how the Christian faith can deal with HIV and AIDS. The situation is desperate, but there is hope.

Ethics and AIDS in Africa : The Challenge to Our Thinking



Editors: Anton A. Van Niekerk and Loretta M. Kopelman
Publisher: Left Coast Press, California, 2006
ISBN : 1-59874-071-7 (Paperback)

This book systematically reviews the ethical implications of the AIDS pandemic in Africa, examining in the process such pressing questions as: How do we deal with the uncertainties surrounding AIDS statistics? What is the relationship between AIDS and poverty? Is the developed world responding responsibly and justly to this crisis in the developing World? Is it moral for companies to make profits from AIDS drugs? Ought we to include children in research for AIDS vaccines, and if so, how? Why do people persist in regarding AIDS as punishment for sin?
Internationally acclaimed experts in their fields, most of them Africans, come together here to address these questions. Their contributions serve as a valuable resource for health workers, doctors, caregivers, managers in the workplace, and for students of medical ethics at undergraduate and postgraduate levels.