

TANGAZA COLLEGE

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**USING COMMUNITY MEDIA IN THE FIGHT AGAINST
HIV/AIDS: A Case Study of Women in Embakasi Constituency,
Nairobi.**

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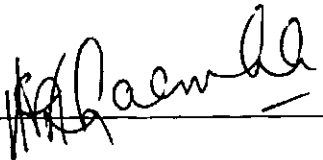
A Thesis Submitted in Partial Fulfillment of the Requirements of A Bachelor of Arts
Degree in Social Communication

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DECLARATION

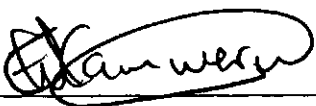
I, the undersigned, declare that this thesis is my original work achieved through my personal reading, scientific research method and critical reflection. It is submitted in partial fulfillment of the requirements for the Degree of Bachelor of Arts in Social Communication. It has never been submitted to any other college or university for academic credit. All sources have been cited in full and acknowledged.

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARVs	Anti Retro Virals
ATS	African Traditional Society
CBOs	Community Based Organizations
CUEA	Catholic University of Eastern Africa
CSOs	Civil Society Organizations
ed.	Edited by
et al	with other persons
EWAH	Embakasi Women Against HIV/AIDS
HIV	Human Immuno Deficiency Virus
FGM	Female Genital Mutilation
FM	Frequency Modulation
LMC	Local Management Committee
MACC	National AIDS Control Council
NGO	Non Governmental Organization
PLWA	People Living With HIV/AIDS
STDs	Sexually Transmitted Diseases
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing Centres
WHO	World Health Organization

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INTRODUCTION

Today's youth are the HIV/AIDS generation. They have never known a world without HIV/AIDS. Millions have died, yet the epidemic remains largely invisible to adults and even to young people themselves. Young women are several times more likely than young men to be infected with HIV. In nearly 20 African countries, 5% more women between 15-24 are infected.¹

Women have played an important role in the history of mankind and to disregard them is to do so at your own peril. They have been at the centre of all historical social events of the world and continue to play a significant role in the modern world. They have scored firsts in many events in society.

In the history of Christianity, a woman was the first disciple to learn of the resurrection of Jesus Christ. Mary Magdalene and another lady also called Mary were the first to visit the tomb where Jesus had been buried and the first witnesses to testify that he had risen from the dead. Thus these two women occupy an important place in the history of Christianity.

Professor Wangari Maathai was the first person from East Africa to win the Nobel Peace Prize. She was hailed as a great woman and the Queen of Africa for her achievement. Ellen-Johnson Sirleaf was recently voted in as the first woman President in Africa and the first President of Post-war Liberia an indication that even in Africa where the woman traditionally played a lesser-to-man role their status is changing.

¹ Koskei S., "*Generation at Risk*", Banking On Life, P.18

All men will agree that their first love was their mother. That simple woman who gave birth to you and was the first to touch you with her tender soft hands; the first person to give you food which we all need for our day to day survival. All men appreciate the role of women and the socio-cultural place they occupy in society.

Despite all their worth, they continue to be marginalized in many aspects in the world. There is an unequal distribution of wealth and resources between men and women. Women occupy fewer places in both the economic and political leadership, and there are unequal education, opportunities between men and women among other things. Whenever tragedies, disasters and calamities break out, women are more affected than men. Take a closer look at Africa, due to the persistent wars that have been the character of most Post-Independent African states, women have died in large numbers because they did not have the physical strength of the man to run just as fast. Others died of starvation and hunger as they tried to protect and nurture their children. Some were raped from militiamen and many more have died from various diseases in Refugee camps.

HIV/AIDS is one epidemic that is threatening to tear Sub-Saharan Africa to pieces.

Estimates in which underreporting is likely, suggest that currently 8.77 million people in Sub-Saharan Africa carry the HIV virus. Thus while only 10% of the world's population lives in this region, more than 60% of HIV infections are found there. The percentage of HIV infected people has reached 20 -30% of the adult population in many African cities. HIV/AIDS is having an enormous impact on societies even though this is only being documented.²

In developing societies like ours, the effect of HIV/AIDS on women has been particularly enormous, as I will discuss below in my presentation. Improvements to

² Woudenberg van Judith, *Women Coping with HIV/AIDS*, P.7,

their quality of life has come about mostly through their own struggles to learn how to live with HIV, from their own lived experiences.³

Most HIV/AIDS sufferers in Africa are in the urban centres and this again are the reported cases. It is estimated that the number could be high if a proper study would be done targeting even, the 80% of people living in the interior where communications means are limited.

A brief history of Embakasi Constituency

Embakasi constituency is the largest in the country if measured by the number of registered voters. Infact, the Member of Parliament for Embakasi, Hon. David Mwenje often says in Parliament that he is the most popular MP because of the number of people who voted for him.

Embakasi constituency is vast, from Dandora through Kayole, Umoja, Donholm and Embakasi village. It is also the most densely populated among Eastlands of Nairobi estates with a population of over 500,000 people.⁴

Most of the houses are low cost with a single room of about 10 by 10feet in Dandora and Kayole estates going for as little as Kshs. 1000/= per month. Being the most populated Constituency, Embakasi has the most number of HIV/AIDS cases in Nairobi, the highest poverty scale and lowest income-earning people. Majority of the residents perform poor casual jobs in the Industrial Area of Nairobi where they walk to and from work and can hardly afford three square meals a day.

³ Woudenberg van Judith, *Women Coping with HIV/AIDS*, P. 7,

⁴ Estimates from the office of the District Officer, Embakasi

In Embakasi constituency is the Jomo Kenyatta International Airport, which apart from being one of the major international airports in Africa, has also a number of flower export firms and fresh produce firms with offices at the Cargo terminal. These firms employ a lot of low-income women who live in Embakasi either in Kayole or Pipeline Estate and who earn very little money considering that most of them are employed on a casual basis. Faith Wambui, a Social Worker says that these are the most vulnerable to the HIV/AIDS pandemic because they have to complement their little income with prostitution to meet their financial obligations.⁵

Population of my study

Since it is not possible to study all the women in Embakasi constituency, I chose to study a group of women between the ages of 14-30 years because they are the majority of the population in Embakasi constituency. At 14, most girls have finished their primary school and when their parents cannot afford to take them to high school, they have to seek financial means of survival.

For the last couple of years, there have been vigorous campaigns from both international organizations and local groups and women educationists for example Dr. Edah Gachukia⁶ for the education of the girl child and I believe most girls in Embakasi within this age group have attained a minimum education level of at least the primary school. Since I plan to use community media especially print, it will be easier to target this group because they can read and write.

⁵ Faith Wambui is a Social Worker working in Embakasi

⁶ Dr. Edah Gachukia is a leading Educationist in Kenya.

The youth constitute about 70% of the Kenyan population and with this clear majority, all campaigns even by the media to capture attention are aimed at this group. The youth are the most vulnerable in society and majority of people suffering from AIDS according to recent studies are in this age group, therefore a message targeted at them and by them as I plan to do in my Action Plan will be more appropriate. They are vulnerable because their social, emotional and psychological development is incomplete, and they tend to experiment with risky behaviour, often with little awareness of the danger.⁷

Erick Erickson says that it is in the youth that tables of adulthood dependence begin slowly to turn, it is them who by their responses and actions, tell the old whether life as represented to them has some vital promise and it is them who carry the power to confirm those who confirm them..... to disavow what is rotten and to reform a rebel.⁸

It is often said that the best person to speak to a young person is another young person. That is why in schools, colleges and other institutions, the concept of peer counseling has recently developed and that is why I plan to use young women to be teachers to their fellow young women using community media for the message to be effective.

Objectives of my study

HIV/AIDS appears to be the object of stigmatization in our Kenyan society. The fear of rejection and abandonment by relatives and friends has made people fear talking about their HIV/AIDS status.

⁷ S. Koskei Dr., "*Generation at Risk*", Banking On Life, P.18.

⁸ Erick H. Erickson, *Identify Youth and Crisis*, P.232.

One of my major objectives in carrying out this study, is to find ways of how stigmatization can be dealt with using Community Media which has been my area of specialization in my three years of study as a Social Communication student.

Human beings have always developed coping systems whenever confronted by a problem. It is my objective to find out how Community Media can be used as a means of developing coping strategies, as HIV/AIDS seems definite to tear up society unless a cure is found very soon. Men are known to dominate mainstream media in our country considering the fact that men hold most top positions. One of the aims of my study is to convince women that they do not necessarily have to fight out with men for executive positions in the media industry so that they can use their positions to articulate their issues, they can use alternative media to deal with these issues.

As a student of Social Communication, which is aimed at transforming society, I have intent of using this study as the first step towards coming up with a strategy of fighting HIV/AIDS in Embakasi, which is my area of residence. As it is often said, charity begins at home.

It is my hope that insights derived from my study will help other persons and organizations involved in the fight against HIV/AIDS.

CHAPTER 1- Literature Review

1.1 Social History and Media Presentation

The media has succeeded in presenting HIV/AIDS as a disease of immoral people in society. Other organizations have gone so far as carrying out research and tests only on those considered prostitutes. In Kenya, the term '*prostitute*' is used discriminately. When people talk of prostitutes, they refer only to women who use sex as a tool of economic gain. For a prostitute to exist, there must be a man willing to pay for her services. It is not credible to carry out a research or a test on HIV/AIDS and prostitutes while at the same time ignoring the fact that there must be a man with whom she was involved.

In an advertisement promoting condoms in Kenya some years back, women were depicted in a discotheque as carriers of the disease while advising men to take control of their lives by using condoms whenever they had sex with such women. Away from social places and drinking places, a man for example who is infected with the virus can also infect it to a woman take for example the common practice of wife inheritance among some communities in Kenya.

The media needs to find a positive approach towards HIV/AIDS pandemic if it is to be successful in its efforts to fight the disease. Historically, both the print and electronic media have often used the pictures of a very emaciated figure dying of the disease. How about if they used a figure of a very healthy man/woman who does not suffer from the disease with a message that if you do not get the virus, you could be as healthy as the woman/man they depict. This could be one positive way to approach the issue.

Several complex socio-cultural factors make women in Africa more vulnerable to HIV. These include wife inheritance, polygamy, low power to make decisions in sexual matters, the relatively low access to adequate services and information due to relatively low levels of education.¹ Our media needs to come up with ways of tackling these issues to reduce, the vulnerability of women to HIV/AIDS.

I was impressed last year when some of our daily newspapers set aside a couple of days to campaign against violence on women. Our media needs to take such initiatives to lead the fight against HIV/AIDS. Our journalists need to be retrained so that they can deal with African problems in an African way. The media can provide these solutions or help to start the process of getting these answers by setting the right agenda.

The media has been pushing the agenda of other interested parties like the condom manufacturers by advancing their ideas that the condom is the solution to the prevention of HIV/AIDS and ignoring the fact that behaviour change among people is

¹ Woudenberg van Judith, *Women Coping With HIV/AIDS*, P.8

the ultimate long-term solution. The media should give people the opportunity to make their own choices not answers given by other people.

Judith van Woudenberg says that realistic media portrayals instead of stigmatizing ones are one of the essential needs of women living with HIV/AIDS.² This is something that the media has the capacity and the moral authority to do if it is to spearhead the fight against this disease.

1.2 HIV/AIDS and its impact on Women in Embakasi

HIV/AIDS appears to be the object of stigmatization. Very few people suffering from the disease are willing to reveal their HIV status to friends and relatives. HIV/AIDS within a marital or non-marital situation is particularly a very sensitive issue. With the high cost of Anti – Retroviral Drugs, the AIDS pandemic has drained the resources of women in Embakasi and their living standards have declined. But one of the greatest psychological consequences for HIV positive women in Embakasi is the uncertainty about their future; recurring symptoms are constant reminders of their disease. Some fear about their own well being and some fear more for their children's future.

I know of a lady who was working in a nightclub I used to frequent who after learning that she had contracted HIV/AIDS, moved back to her rural home but had to live her two children who were going to school under the care of her relatives. I have my own doubt if her relatives will take care of her children as well as she would have

² Woudenberg van Judith, *Women Coping With HIV/AIDS*, P.24

despite her condition. This is one of the many problems that women with HIV/AIDS suffer from.

Among the factors affecting women are traditional ideas about diseases associated with AIDS, pinpointing women as transmission vectors, STD's as women's diseases and AIDS as linked to witchcraft.³ Community media can be used to counter these wrong stereotypes about the cause of HIV/AIDS and there are no better people to fight these stereotypes than women themselves since they are the most affected.

There are women who have been fired from their jobs because of being suspected to be suffering from HIV/AIDS. There are stories of women fired from their jobs at flower firms based next to the airport in Embakasi. Women who have been infected with the virus and can no longer work have been fired from the entertainment sports in Embakasi even when they looked strong enough to work and fend for their families. There are other diseases as well. Why must women affected by HIV/AIDS be fired when they still seem strong enough to work? Women must find a way to speak and fight for their rights, and what they need is a more collective way of communication; first they must reach and sensitize themselves and their colleagues, and then they must have a platform to air their views, an answer that can be found in a Community Media where they participate both at the management level and in giving their views. They need a participatory way of information exchange that community media can offer.

AIDS has come with a lot of psychological consequences. AIDS has affected entire families in Embakasi. No one can have the death of a family member followed by another one, then followed by for example the death of both parents. In Embakasi,

³ Woudenberg van Judith, *Women Coping with HIV/AIDS*, P. 20

children have been burying their parents who die of old age, the situation has now changed. Now parents have been burying their children who die of HIV/AIDS.

I spoke to a few men in Embakasi and I discovered that women have a low social position, being viewed albeit negatively as the transmitters of the disease. There are men who have been infected by the disease but it is all pegged on women. Women in Embakasi bear the consequences of the ravages of HIV/AIDS; many have been left as widows and have to take care of their children.

Women whose partners have died of HIV/AIDS face fears of rejection despite the fact that even if their partner died of AIDS, they may still be negative. What they need is the necessary support and encouragement to cope with the situation.

Being the majority of the population in Embakasi, there have been other consequences of the HIV/AIDS pandemic including the loss of the most economically active group, the expensive medical requirements, a drain in family resources therefore a lower standard of living and high school dropouts.

1.3 Essential Needs of Women Living with HIV/AIDS

Judith van Woudenberg in her book, *Women Coping with HIV/AIDS*, states the following as some of the essential needs of women living with HIV/AIDS.

- * Encouragement, support and funding to establish and develop self-help groups and local and international networks of women living with HIV/AIDS;
- * Equitable, accessible and affordable treatment and research regarding the effect of HIV/AIDS on women (including psychological and medical aspects, both complementary and allopathic treatments);
- * Funding for services and support for women living with HIV/AIDS to alleviate the isolation, and meet their basic needs (with evaluation and monitoring to ensure that women actually benefit);

- * The right to make their own choices about reproduction and be respected and supported in those choices (including the right to have children or not);
- * Recognition of the right of their children and orphans to care, and of the importance of their role as parents.
- * Education and training of health care providers and the community at large about the needs of women and the risks they face (up-to-date, accurate information on all issues of women living with HIV/AIDS should be readily available);
- * Recognition of the fundamental human rights of all women living with HIV/AIDS, with special consideration for women in prison, drug users and sexual workers.
- * Decision making power with consultation at all levels of policy programs affecting women living with HIV/AIDS
- * Economic support for women living with HIV/AIDS in developing countries to help them to be self-sufficient and independent.
- * Inclusion of clinical manifestations specific to women in any definition of AIDS.⁴

1.4 Women and Development: education and training as a major factor.

In the last decade, there have been many efforts by the government, NGOs and the church to enroll as many girls as possible in order to accord girls equal opportunities with boys in social and economic development. With the support of donors and with the use of feminist movements, many girls have enrolled in school.

A sound general education provides young people with the best foundation for their future participation in the employment market. This applies as much to the informal sector, where the basic skills of literacy and numeracy are essential for most (legitimate) profitable activity, as to the modern sector. Not surprisingly, those whom the educational system has failed to reach, or failed to retain in school, are likely to be found in the least profitable economic activities. Women form the majority in this category, as is obvious from the fact that at least two thirds of the world illiterates, who make up the world & illiterate people are women.⁵

Their efforts are commendable especially coming from a backdrop where society gave more emphasis on boy education and not that of girls. I know of a relative

⁴ Woudenberg van Judith, *Women Coping With HIV/AIDS*, P.24.

⁵ Campbell Rowan Doriene et.al, *Development with Women*, P.48

in Embakasi who has nine children, three girls and six boys but who chose to educate only the boys to the highest level he could and the girls only up to the primary school level. While his sons are doing well with good jobs, his daughters are married and are housewives and whenever I look at them, it is evident that they are doing badly economically and they should have done better had their father given them the chance to advance further in their studies.

The function of education has been to prepare young women for their assumed adult roles as housewives and mothers, whereas boys have been prepared for jobs and careers.⁶ The situation is now changing though. With the increased economic pressure and the cost of living rising high, even men who are looking for partners to marry are looking for career women who can supplement their incomes and assist in catering for a family. Therefore, women with no education at all are getting increasingly marginalized, even getting someone who is economically stable to marry them. They cannot compete favourably with men for jobs and can only perform low paying jobs.

It is not surprising therefore that in an area like Embakasi where entertainment joints and clubs abound, many of the workers in these places are women probably of low education levels. Majority of them are paid low wages and have to supplement their wages by using sex as a commercial activity to meet their economic needs. It is the general perception that most ladies working in bars are sexually immoral and are all prostitutes. This is not the truth.

I was one day seated in a bar enjoying a drink on a Friday evening when I noticed the lady who was serving me slap another man who was sited a few tables from

⁶ Campbell Rowan Dorianne et.al, *Development With Women*, P.48

me. When I later enquired what had happened, the lady told me that the man sexually harassed her (by touching some parts of her body that made her uncomfortable). She shared with me her disappointment that men think all women who work in bars are prostitutes. She gave me her story. Her parents and specifically her father had chased her away from home when she got pregnant while still in high school. She has to work in the bar because it is the only job she could find in order to feed her child and pay her rent. She plans to save some money and start her own business.

This is not an isolated case. *Fiona Leach* observes that a wide range of factors, many of them deeply embedded in the gendered nature of culture and society, serve to prevent women from participating in formal education and training, and thereafter in employment and self employment on equal terms with men. She cites some of them as poverty (when parents have to make choices, they usually chose to educate boys before girls), the greater demand for girls labour in the home and the 'hidden curriculum' of everyday school practice that presents a male dominated hierarchy of authority and socialize girls into accepting a lower adult role which inevitably means that girls lack self confidence, and have low expectations of themselves.⁷

Women also need to be encouraged to take on subjects that will allow them to favourably compete with men on all spheres of life. Some women like choosing only what I can call women-friendly courses like secretarial, tailoring, beauty training or tailoring as opposed to engineering, architecture and many others, which are more paying. Why is it that majority of the women like home technology courses and yet they

⁷ Leach Fiona et.al, *Development with Women*, P.48

can only work in the hospitality industry which does not pay so well? Women have power in their hands, and they need to take the initiative.

1.5 Women as Agents of Social and Cultural Change

I would like to feel that when history counts the votes as to which 'sms' has had the most impact on the twentieth century lives, feminism will be judged as the most important human movement. By feminism I mean that women's movement which speaks to the most profound yet basic of changes in the roles, the right and the relations which govern connections, commence and intimacy between women and men. This movement offers a vision of equality in society, equity in partnership and freedom from gender stereotyping – freeing each person to pursue the roles best suited to their needs and talents.⁸

The struggle for change in society takes place not in the battlefield like men are historically used to, but at home and in the most intimate of places, the human heart. Despite the dictates of traditional cultures, economic situations, globalism, communism or capitalism, women can play an important role toward the transformation of society. I focus my study on women because I believe they have the potential to change the world for the better. They have always exhibited a strong fighting spirit despite the hardships they endure; they have access to men's hearts and the confidence and trust of their children. If community media can be used to focus the light on their interests and concerns, if community Media could empower them through information exchange, then they can transform the society we live in both culturally and socially.

The generally low socioeconomic position of women accords HIV/AIDS a profound economic impact. Men often abandon wives with HIV/AIDS even if he was the source of infection.⁹ Women have to take the initiative towards societal matters if they are to change the world. I have the confidence given their past determination and

⁸ Doreine Rowan Campbell, et.al, *Development with Women*, P.11

⁹ Doreine Rowan Campbell, et.al, *Development with Women*, P.11

history that they can do this. This is the focus of my study what women can do to transform society.

There are women's groups all over the country fighting for their rights and well being. The big question is how they can achieve their goals. My concern is how they can use Community Media. They need to preach to themselves if they are to reach out to the greater population that they hold power over. If they can get the message across their homes and to the wider society, they will definitely succeed in transforming the society. Women's organizations have been involved in the fight (with some success) against cultural practices for example Female Genital Mutilation (FGM) that put them at a risk to contract some diseases. They need to step-up their fight and Community Media can help reinforce this noble goal.

In a seminar I attended some years ago, one lady speaker commented that while men are assumed to be the heads of the family, the woman is the neck and that whenever she turns, the man must turn also. *Dorienne Rowan Campbell* says that nature has made women so powerful... power to rather than power over; power to create, power to nurture, to share and to change the world.¹⁰

Essentially, women should fight to achieve individual, social and cultural acceptance, respect, equal treatment, equal opportunities, humanity of both sexes and an equal valuation, of both men and women in society despite the differences that exist between them. In this twentieth century, women should strive to consolidate the gains they have made in their struggle for recognition and use the lessons they have learnt to bring about the change in areas that are still lacking in society.

¹⁰ Rowan – Campbell Dorienne et.al, *Development with Women*, P.29

1.6 What is community media?

In Kenya and many African countries, the term community has been associated with tribal groupings and has been negatively defined to refer to ethnicity

The term community may however mean different things to different people. It can be geographically defined, that is, the people of a district or a certain location or town. It can also be defined as a group of people with a sense of common identity. A community can also be defined as a group of people with common interests and goals.

For the purposes of my study, a more timely operational definition of a community is a group of people who come together to review their social and cultural context, establish agreed upon goals and provide support to each others actions.¹¹ In my case, a community is the group of women between ages 14-30 who comprise my population of study. Their goal is to come up with an alternative and coping strategies to fight the HIV/AIDS pandemic.

Community Media can be a community radio, newspaper or magazine. It must be local, must have a development agenda, must be participatory, and above all must be non-profit oriented. If there is any profit at all, this profit must be put back in the community or in other developments projects around the community.

Community participation means involvement of the local people in the management of the community media, owning and sharing the benefits of the organization. The community must come together to identify felt needs. Sharing information is itself a benefit.

¹¹ Githaiga Grace, *Community Media*, Tangaza College, (2006) Class notes

In my study, community media can be defined as a group process from a sociological point of view rather from a technological basis. Women in Embakasi can harness their resources into dialogue and discuss how to cope with HIV/AIDS.

Since time immemorial, the human race has used primitive simple forms of communication, which have been enhanced, refined and are still in use today in all societies despite the continuous invention of technologies and increasing sophistication and complexity of interaction between two people.¹²

Community Media allows people to talk about issues affecting them and in the language they understand best. It is the media that offers a vision of equality in society, equity in partnership and freedom from gender stereotyping-freeing each person to pursue the goals and roles best situated to their needs and talents.¹³ Community media is that media in which everyone in the society participates in the management, leadership and its production (of programmes or publications)

1.7 The Media as a tool for women empowerment and/or disempowerment

The media can empower women by expanding their choices not by limiting them. By empowerment, I mean that the media can help women regain the capacity to take control of themselves and also the ability to define themselves and to construct their own identities.¹⁴

Education is a powerful tool for women empowerment. When the media takes a leading role in HIV/AIDS education, it empowers women. By simply providing

¹² Mcquail Dennis, *Mass Communication Theory: An Introduction*, P.47

¹³ Githaiga Grace, *Community Media*, Tangaza College, Class notes

¹⁴ Mutere Absalom Dr., *Media Culture & Society*, Tangaza College, Class notes.

information, the media empowers women. Media literacy and especially the use of alternative communication channels like Community Media can empower women.

The use of minority media, that is, media that addresses specific issues and interests can go a long way in empowering women. It is for this reason that in my study, I wish to explore how Community Media addressing specific issues can help empower women in Embakasi in their fight against HIV/AIDS.

Disempowerment can be described as the process through which people lose their capacity to control decisions affecting their lives and also the inability to define themselves and to construct their own identity.¹⁵

When the media chooses only to carry out the agenda of advertisers who are out to reap profits for example from the gains of people using their brand of condoms and other contraceptives as opposed to behaviour change, they are disempowering women. Advertising also disempowers when it transforms us from an individual into consumers (of advertised products). As a consumer you become a dependent and dependency is disempowerment. As advertising through the media grows, cultural space narrows and as consumers we lose our capacity to make informed choices.

The media can empower women by shaping community behaviour and perceived social support against people living with HIV/AIDS by giving more space and time to issues concerning this pandemic.

¹⁵ Mutere Absalom Dr., "*Media Culture & Society*", Tangaza College, Class notes.

1.8 The Need for Participatory Communication

Mass Communication has shaped the communication industry and given a new meaning to the term communication. The mass media has turned people into consumers of whatever programmes or ideologies that they advocate for. In its very basic form, the term communication means the exchange of information. When this relationship does not exist like in the case of the mass media, a lot of people are therefore isolated and marginalized from the communication bandwagon.

Women have for years been left behind even in the media industry. Men head the major media houses in Kenya and it is only recently that we have been seeing the number of women in management positions in the media industry increase. This is something commendable. Community Media is the media for the minority where they can participate in the exchange of information that will help improve their lives.

Communication participation is the process by which people especially the disadvantaged people, influence decisions that affect them..... Participation means influence on development decisions, not simply involvement in the implementation or in (sharing) benefit of a development activity, although those types of involvement are important and are often encouraged by opportunities for influence.¹⁶

Women can participate and express their viewpoints, feelings, experiences, challenges and problems through the community since participation is the key tenet in community media. Participatory communication is that which all participants have an equal and free opportunity to share their views. *Grace Githaiga* defines participatory communication as the active involvement of a community or group in using media and group communication to produce their own messages and to engage audiences in critical reception.¹⁷

¹⁶ Githaiga Grace, "*Community Media*", Tangaza College, (2006), class notes

¹⁷ Grace Githaiga is a lecturer of "*Community Media*" at Tangaza College,(2006), CUEA, class notes.

Communication is by its definition participatory because it is supposed to be a two way process. This is the reason why FM radio stations are doing such a booming business in Kenya at the moment. This is because they allow their audiences to call in and give their views on diverse topics. For once people feel that they are part of the media. It has become interactive because it shares meaning, establishes and maintains social relationships. Participatory communication is more of a happening between people. It seeks to consider both the sender and receiver of messages on the same level. It means people's participations and involvement in all spheres of the communication process whether it is mass media based or traditional media based. The late Tanzania President Mwalimu Julius Nyerere said that: -

“... While it is possible for an outsider to build a man's home, an outsider cannot give pride and self-confidence in himself as a human being.....Those are things a man has to create in himself by his own actions. He develops himself by making his own decisions, by increasing his understanding of what he is doing and why, by increasing his own knowledge and ability, and by his own full participation as an equal in the life of the community.¹⁸

Participatory communication is more of a dialogue and information exchange as opposed to the mass media, which focuses on mass communication of information on a one-way basis.

Community media can succeed because it involves the participation of everybody from the generation of information to its transmission while allowing room for dialogue.

¹⁸ Githaiga Grace, “*Community Media*”, Tangaza College,(2006), CUEA, class notes.

CHAPTER 2- RESEARCH

2.1 A brief Introduction

Many books have been written and many researches carried out on HIV/AIDS. I am sure one wonders why I am interested and researching about the same topic. Do we need more researches and other studies about the topic? Mine is just a realistic approach as to what practical steps we can take to fight the AIDS pandemic especially by women who seem to bear the greatest burden.

I am interested in Embakasi because it is my area of residence, charity begins at home. I am interested in women because I believe that if we empowered them, they have the capacity to change the destiny of society. I am interested in the youth because they are the future generation. I am interested in the disease because I believe if not adequately dealt with, it has the capacity to cause havoc to humanity. I am interested in community media because I believe it is the media for the minority in which even the lowest in society is free to give his or her views.

2.2 Theoretical Framework

HIV/AIDS is a hot issue in Africa at the moment. In Kenya about 700 people die everyday from this disease according to the National Aids Control Council. So many resources have been spent towards the fight of this epidemic. A lot of research has been carried out and no known cure has been found. Many myths and stereotypes exist about the causes and nature of HIV/AIDS.

A Pastor in a church service I attended some years back said that because people have become immoral and there is a lot of sexual immorality in the world, God sanctioned HIV/AIDS virus so as to punish them for their sins. Given the influence religious leaders have on their subjects, I believe many people took his views as the truth. And this has been the thinking of many people for a long time and as the disease continues to cause havoc, there have emerged many theories about causes of the disease.

In Uganda, AIDS was associated with witchcraft. It was called *slim* because many people who got infected lost weight and were very small in size.¹ After some years, people discovered that it was being spread through sexual relationships and by this time a lot of people had been infected and many more had already died. People decided whether they could trust their partners or not based on their sizes.²

Among the factors affecting women in Embakasi are biases about women as 'transmission vectors' of the disease. The distorted media messages and pictures that depict women as the carriers of the disease have aggravated this. I remember watching a video about an AIDS sufferer, Joe Muriuki some years back as he narrated his story.

¹ Ruzindaza Casimir, *Living Positively with AIDS*, P.16

² Woudenberg van Judith, *Women Coping with HIV/AIDS*, P.20

He used to spend most of his time in the bars drinking and going out with prostitutes. The video shows women scantily dressed in the bars he used to frequent. One gets a clear message that women are the causes of HIV/AIDS.

Their low social position combined with presentations in the media often singles out women as the transmitters of HIV/AIDS. Urban women, if unmarried or divorced are seen as almost synonymous with prostitutes, and thus potentially infectious. Some who only occasionally engage in sex as a source of income will avoid the condom to avoid being identified as prostitutes.³

Like in all other urban centres, HIV/AIDS is also seen in Embakasi as synonymous with prostitutes and by definition the term *prostitute* is used to refer to women. In my research, I sought to find out why, and how Community Media can be used to reverse this situation and negative impact on women.

2.3 Statement of the problem

HIV/AIDS has had duplicity of problems in Embakasi. A lot of young people have died as a result of this disease, many more continue to die and a good number are infected with the virus.

There are several problems that have risen as a consequence of the HIV/AIDS pandemic. Children have been left orphans where both the parents have died of the disease and this subsequently brings about childcare problems. Who will educate, feed and take care of these orphans? There is also the problem of marriage breakdown with

³ Woudenberg van Judith, *Women Coping With HIV/AIDS*, P.21

couples accusing each other of infidelity as they try to apportion blame about who must have infected the other.

The media has not effectively helped in fighting this disease (despite its efforts which I can not ignore), but it has largely succeeded in painting this pandemic as a disease of the sexually immoral people and prostitutes totally disregarding the fact that there are other possibilities of getting infected with the disease for example through unsafe blood transfusions.

2.4 Working Hypothesis

Lack of relevant information has significantly contributed to the HIV/AIDS pandemic. Proper information about the causes of HIV/AIDS, treatment and management of conditions arising from this disease, HIV/AIDS and stigma and stereotypes, communicating about HIV/AIDS, care for people suffering from this disease and how to cope with the disease in its entirety could help combat the HIV/aids pandemic.

Being a communitarian society, a communication system managed by the people and focusing on the people of Embakasi and touching on specific issues affecting them is one of the solutions to managing HIV/AIDS.

Most women are very committed and interested in issues that can help improve their lives, their family and society in general and working with them will have a real impact in Embakasi and the desired results if we are to transform society.

2.5 Limitations of the Study

Studying matters to do with HIV/AIDS requires a lot of tact, dedication and patience. Some women do not like to freely talk about their HIV/AIDS status for fear of being stigmatized by society like Kamene⁴, a lady I spoke to who fears that if her people and friends knew she was HIV positive, they will brand her a prostitute even unto death.

It was also very difficult to determine the exact number of people suffering from this disease in Embakasi because while everybody seems interested in knowing about HIV/AIDS, quite a sizeable number fear going for test to establish their HIV/AIDS status. Eve, a mother of two aged six and ten years clearly illustrate this:

“ I know I am HIV negative because when I gave birth to my second child I was tested and was found to be negative. Since then I have been faithful to my husband and I have not had sex with any other man, so I do not have to worry about going for a test.”⁵

Without proper figures and numbers, it is difficult for any person carrying out research, to assess the exact impact of the disease or credible solutions to this disease.

A lot of people have carried out many researches about HIV/AIDS and what the affected people require is a solution to their problems and the tangible help that comes, with it. Nanangwe clearly told me that she had answered very many questionnaires and granted so many interviews to people, which did not help her situation, and only agreed to grant me an interview after I gave her some cash to feed her starving family.

Because of the financial and time and being a student, I was only able to interview a limited number of people who are quite few compared to the population of

⁴ Kamene is a member of the Embakasi Women Against HIV/AIDS (EWAH)

⁵ Eve is also a member of EWAH

Embakasi constituency. Nevertheless, they gave me valuable information, which was sufficient for me to arrive at some conclusions that are a vital component of my study.

2.6 THE RESEARCH

Introduction

Because of the sensitivity of HIV/AIDS, and because of the fact that many people do not like revealing their HIV/AIDS status, most of the names of people used in my study are fictitious. I have chosen to use names of a community I know in Uganda just in case whatever other names I chose coincided with names of other people by the same names in Embakasi. Studying matters as delicate as HIV/AIDS calls for a qualitative, exploratory approach because it is not only a lethal disease: It is also stems from a highly stigmatized condition.⁶

2.6.1 Methodology of my study

I conducted indepth interviews with several women who are infected with HIV/AIDS virus and a few personnel working with them. I will highlight the major points and findings as I analyze some of the major issues I came about.

Rande an 18 year old and who graduated from high school last year (2005) and is in her early years living with the disease discovered she had the virus when she went to donate blood to a relative who had been shot by gangsters outside their home. The doctors revealed Rande's HIV/AIDS status to her mother who told her about it and has

⁶ Woudenberg van Judith, *Women Coping With HIV/AIDS*, P.18

continued to offer moral support to her. She describes her as her best friend and the best person in the world.

Another Lady I interviewed, Sise, discovered her HIV/AIDS status during her second pregnancy. She is a single mother and she has had her two children with different men. "I wanted to have a second child and close the chapter because I had given up hope of getting married and wanted to settle on my own as a single mother," she says. Her second born child is infected with the virus but her first-born son is not.

Nanangwe, a widow, is a mother of six and lives in the sprawling slums next to Tassia Estate on your way to the airport called Kwale. She does not work and stays in her two rooms that her husband built on a piece of land he had bought in the slums. The husband was a long distance lorry driver crisscrossing the country with a food transportation company. He died five years ago from HIV/AIDS leaving her with the burden of taking care of the children.

The fourth woman is called Nunu. She got pregnant while in high school and had to drop out. She lived for four years with the father of her child, a Clerical Officer with a clearing and forwarding firm at the airport and together they had a second child. The man left her for studies in America and has never come back nor communicated with her and she took up a job as a waiter in a bar in Embakasi which was not paying very well even for her rent. To supplement her income she occasionally engaged in part time commercial sex. She is at an advanced age with the HIV/aids virus and has since returned to her rural home in Kiambu, which is about 30 kilometres from Nairobi.

Namulondo my fifth respondent is an Accounts Executive with a leading bank in Nairobi and is well to do financially. She lives in her own house she acquired through a

mortgage from her employer. She has lived with the virus for 8 years and she is on medication (ARV's), which she can afford because of her well paying job, and looks quite healthy.

I am also greatly indebted to my friend Faith Wambui, she organized for me to interview the above women. Faith is a social worker working as a volunteer with Tasia Catholic Church. Sadly, she is HIV positive and her husband and only child died of the disease. She has come out openly to speak about the disease and she did not object to me using her real name in my study. She is proud of it and believes if many women would come out openly to speak about their HIV/AIDS status, a lot would be accomplished in the fight against this scourge.

She also introduced me to an Association she begun with a group of women called Embakasi Women Against HIV/AIDS (EWAH), which is under the Tasia Catholic Church in Embakasi. I also had extensive interviews with a few members of this group whose views I will cover in my findings and observations. It is with her and the group that we plan to set up a Community Magazine to counter the spread and effect of HIV/AIDS.

I also visited several VCTs (Voluntary Counseling and Testing centres). My interest was to see how they operate, the number of people who go for testing and the frequency. The VCTs I visited were the Kayole VCT Centre, Donholm Catholic Church VCT and the Embakasi Garrison VCT centre. I also wanted to find out how many women go to these centres and their age groups.

2.6.2 Major findings and observations

Perceived cause of HIV/AIDS infection

Generally many people tend to blame each other about the cause of HIV/AIDS. Women are more likely to discover their HIV/AIDS status than men because there are several circumstances where they have to be tested of the virus than men for example when they are pregnant.

“My husband infected me with the HIV/AIDS virus. He would travel for long distances and for several days and I suspected that during his travel, he used to sleep around with other women. I asked him on several occasions and he always denied. He looked genuine and I chose to believe him. Since he was the father of my children and he always spent his nights with me whenever he was not working, I had little doubt. When he disclosed to me that he had the virus and he probably had infected me, reality dawned on me. Because of him, I am going to die.”⁷

Whenever people discover that they have the disease, there are a lot of blame games as to what or who was the cause of the disease. We need to take responsibility for our actions and behaviour and carry the burden whenever we have to face reality occasioned by our behaviour. What is important is tackling our behaviour that may lead to contracting HIV/AIDS virus and not to lay blame when we discover that we have the virus.

Some women like Nanangwe above, blame their spouses and other women. She believed her husband who had been infected by other women on his travels infected her. Judith van Woudenberg in her book, *Women Coping with HIV/AIDS* says that most women that she interviewed had limited options regarding control over their own risk of

⁷ Nanangwe, a mother of six is one of the women with whom I had a personal indepth interview.

infection, they perceived the cause quite neutrally, often saying they saw HIV/AIDS as a responsibility shared with their husbands or spouses.⁸

“My husband was promiscuous. I had heard a lot of rumours about him and other women but he always denied whenever I confronted him. I chose to go by his word; there was nothing I would have done anyway. He was a loving man and took care of all the family needs and that is all I cared about. But eventually the truth dawned on me, he infected me with the virus, which I discovered at pregnancy. Both him and the child have died. I do not want to die before I educate other women about the disease.”

These were the touching words of Faith Wambui, a social worker when I first met and introduced myself to her.⁹

AIDS, is it a myth or reality?

When HIV/AIDS was first discovered in Africa, it first began as a myth and there was a lot of perceptions about its origin. It is possible according to me that it may have been discovered earlier than reported only that its discovery may have been crowded with a lot of myths. Some people entrenched deeply in traditional beliefs, associated the disease with witchcraft.

The story of Nakene.

She had been a big size ‘lady’ before a mysterious disease caught her. She had been nicknamed ‘size’ because of her size. She started coughing and was told by doctors that she had Tuberculosis (TB) and was given the proper medication. But she still continued to lose weight and seemed to move from one infection to another. In some instances, doctors could not clearly identify what disease she was suffering from.

Her parents who were Christians decided to take her to a ‘*mganga*’ (what is commonly referred to as witchdoctors). The struggle did not stop there; they moved from one ‘*mganga*’ to another one who kept on prescribing outrageous payments while her situation got worse. Her parents believed a person had bewitched her to wreck the family.

“They believed that my uncle who had not succeeded in educating any of his children up to high school had bewitched me and wanted me to die out of jealousy.

⁸ Woudenberg van Judith, *Women Coping With HIV/AIDS*, P.30

⁹ Faith Wambui is a Social Worker with the Tasia Catholic Church in Embakasi and the chairperson of Embakasi Women Against HIV/AIDS.

Finally it dawned on them that she was HIV positive when they visited a family doctor in the city and that the disease had no cure. But despite this revelation, her parents believed no disease lacked a cure if you consulted the best of the 'mgangas'. They traveled as far as Tanzania to seek treatment but all in vain.

Nakene was advised by a friend to visit a VCT centre near her home where she got to talk to the people in charge who advised her and immediately put her on ARVs and offered some counseling sessions. "I am now working as a volunteer in the same centre and I am determined to help other people caught up in the same dilemma."

Nakene is now in a healthy state and you cannot tell from her looks that she is suffering from HIV/AIDS. "I would like to tell all that HIV/AIDS is not a curse, but a disease with no cure which we can prevent if we want," she concluded in the interview.¹⁰

In the book *Living Positively With AIDS*, Casimir Ruzindaza quotes a prominent Ugandan Bishop who says that this is the era of 'Aidism' as a lot of thinking and research is being focused on this pandemic.¹¹ AIDS is a reality and new attitudes and cultures need to be adopted to fight this pandemic. Traditional beliefs and culture cannot hold while people continue to die in multitudes from HIV/AIDS.

Nakene and her parents are Christians. Above all, they live in an urban area where customs and traditional beliefs are assumed to be less practiced. This shows that people in the rural areas where traditional beliefs are still practiced hold a lot of myth about this disease and other related conditions associated with HIV/AIDS.

In our African Traditional Society, everything had a cause and when some perceived cause of a situation does not seem to be stemmed, they blamed it on an evil spirit. AIDS is a reality and not a myth as events have proved and can be prevented by human action.

¹⁰ Nakene is a member of EWAH

¹¹ Ruzindaza Casimir, *Living Positively With AIDS*, P. 12

HIV/AIDS and stigmatization

Stigma is a sign of disgrace or attitude that distinguishes one person from another one. It could be internal or external. Stigma is a major aspect of socio-cultural suffering associated with HIV/AIDS. *Walter Smith* defines stigma as a way in which society deals with undesirable differences.¹² There are 3 types of stigma: -

* **Social stigma:** this refers to an attitude of disgrace by society. This is a situation where society discriminates against PLWHA.¹³ People avoid getting into contact with those with AIDS as a result they make them feel unloved, unworthy and victimized.

“I am tired of people referring to AIDS persons as AIDS ‘victims’ as if the moment you are diagnosed with HIV/AIDS you stop being a human being. Why are we being branded with names as if AIDS is the only deadly disease in the world. Why don’t I hear people talking about cancer ‘victims’ malaria ‘victims’ or heart attack ‘victims’?”

Wherever I pass, people always look at me with strange eyes since they all know that I have HIV/AIDS. Sometimes, I imagine they see me as the living dead, someone not worth associating with.

My children also play alone most of the times because other parents have told their children not to play with my children. I cried the other day when my youngest child came back to the house crying just because other children had refused to play with her claiming that she is sick..... anyway I will stick by my children since I know God is with me and will see us through this situation.”¹⁴

One Pastor in Embakasi observed that what kills AIDS persons faster is not the other related diseases but stigmatization. And when this stigma is extended to other people or members of your family or those related to you in any other way like the case of Nanangwe it is even more disheartening.

* **Moral stigma:** this is a mark of disgrace in the person’s conscience. The person isolates him/herself from the rest of the community. They hate themselves and suffer

¹² Walter J. Smith, *Pastoral Ministry in the Age of AIDS, Clinical Handbook of Pastoral Counseling*, P.698

¹³ People Living with HIV/AIDS

¹⁴ Nanangwe, a mother of six is one of my interviewees

from feelings of self-blame, guilt and denial. This may bring distress, hopelessness and despair on a psychological level. Someone can even commit suicide if he/she is not strong enough.

The person suffers a stressed internal self in which he/she blames him/herself for an action considered to be wrong. The person may feel that he or she did not play by the rule.¹⁵

“When I got my second pregnancy, people started branding me a prostitute. They could not understand that what I wanted was to give my first child a brother or sister. I hooked up with this man who looked to be perfect and healthy. He was church going and my heart told me he was the perfect person to have a child with.

And so it was, both my second child and I are now HIV/AIDS positive. I feel guilty and especially in the face of my first-born child who did not deserve this. Had I not even imagined of another child, both my first-born son and me would be healthy and not thinking about death.¹⁶

PLWHA fear rejection by society, discrimination and even abandonment as a result of stigmatization, because people define the society as a moral evil and the so many individual underpinnings associated with the ailment. Instead of moralizing, we need to recognize and choose to look at HIV/AIDS as a common enemy and AIDS persons as resources to begin the process of healing and managing the situation.

* **Collective stigma:** this happens when there is disgrace that surrounds AIDS sufferers together with their families, friends and the society around them. In this case it happens like a chain of casualties. Because of the lack of knowledge about HIV/AIDS, friends and family together with other people who are supposed to give care to the patient become embarrassed or do not want to stay closer to the AIDS person.

“When information got around my friends, relatives and neighbours that I was HIV positive, I realized people started avoiding me. I had several friends but the numbers

¹⁵ Mutinda Fredrick, *“Stigmatization as a moral challenge to the youth”*, Social Teachings of the Church, A Reflection Paper, Tangaza College, (2006).

¹⁶ Sisse, single mother of two, is one of the women I interviewed.

started decreasing. Even my relatives started avoiding me. We used to hold monthly family meetings but I was no longer invited. Some of my friends who used to greet me by the hand started avoiding me and they could only wave their hands as they passed by. I knew they were avoiding me because I was HIV positive”.¹⁷

Even the church recognizes stigma as one of the major challenges facing HIV/AIDS persons. Archbishop Benjamin Nzimbi of the Anglican Church of Kenya, recently apologized to AIDS patients on behalf of the church saying: “As a church our earlier approach in fighting AIDS was misplaced since we likened it to a disease for sinners and a curse from God, we apologize for earlier abandoning our flock, which was as a result of our ignorance of the disease but today we are informed.”¹⁸

Canon Byamugisha from Uganda observed that HIV/AIDS is an extremely timed disease, which is vulnerable to the right information. Once society is informed, stigma and discrimination become a thing of the past.¹⁹

When people are stigmatized they fear to share their problems, achievements and challenges and only an open forum where they can come out and freely express themselves without fear of contradiction, can we appreciate their situations and source for solutions. This is a role that can be effectively handled by a Community Media specific to this phenomenon.

Pastoral Care in Response to HIV/AIDS

The church has played a major role in providing care and pastoral counseling to HIV/AIDS persons. It has been very vocal in agitating for their rights, first as members of the society and as human beings. Pastoral counseling therefore comes in to play its

¹⁷ This were the comments of a lady in the open forum I attended organized by the Embakasi Women Against HIV/AIDS (EWAH)

¹⁸ Archbishop Nzimbi Benjamin, “*Church apologises to AIDS sufferers*”, Daily Nation, March 22, 2006, P.4

¹⁹ Canon Byamugisha was addressing the same workshop with Archbishop Nzimbi.

role in listening, communicating, guiding, sustaining, nurturing, healthy and reconciling. “We have a problem of HIV/AIDS in our community, just like in other societies. We cannot shy away from the problem while it continues killing those among us. The church has the responsibility of offering spiritual care as well as assisting materially wherever it can. This initiative by women in my area is worth full support and is a priority to me, I will do all I can to make sure it succeeds.”²⁰

The Example of Christ

Jesus Christ mixed freely with the suffering in society even of dreaded diseases like leprosy during his time. If he lived today, I am sure AIDS would have been the leprosy of our time.

Christian teaching does not deny suffering, diseases and subsequently death. Jesus’ attitude and response to the sick is a great source of inspiration for pastoral care of PLWA.²¹ Pastoral Counselors employed by the church should exercise the following recommendations when dealing with HIV/AIDS persons: -

*** Non-judgemental attitude:** Jesus accepted marginalized people in society such as lepers, tax collectors and sinners. Pastoral counseling means accepting PLWA with the same openness. God is not punishing them for sins committed (John: 9:1-2). This attitude is crucial to all pastoral workers especially in their fight against the stigmatization of PLWA.

*** Initiative to reach out:** Jesus went out to help those in need. Pastoral care must seek out the isolated and stigmatized and minister to them.

²⁰ Fr. James Mbugua is the Parish Priest of the Donholm Catholic Parish

²¹ Kiriswa, Benjamin, “Pastoral Care and Counseling of Persons living with HIV/AIDS,” In AFER; ‘A Pastoral Approach To AIDS in Africa’, P.93

* **Authenticity:** Jesus dealt with suffering in a genuine way. *“The sorrow in my heart is so great that it almost crushes me,”* (Mark. 14:34). Pastoral Counselors must be present to sufferers in the same way.

* **Selfless care:** Jesus the good shepherd is ready to sacrifice his life for his sheep. (John. 10:11) Caring for the sick people especially PLWA can become stressing. This means that Pastoral counseling is ready to sacrifice in order to stay close to the sufferers.²²

Conclusion

The world is now faced with the greatest challenge in the history of humanity; HIV/AIDS now threatens the foundation of human existence.

Fredrick Mutinda observes that the pandemic is quite capable of destroying our civilization, cutting down the reproductive and working class, leaving old men and women infected or affected. It transcends all boundaries regardless of age, sex, colour, religion or status.²³

The statistics are also shocking. At the dawn of the 21st century, some 33.6 million men, women and children worldwide, live with AIDS. Fifty percent of all these infections occur in the age bracket of 15-24 years.²⁴

The Ministry of Health (Kenya) estimated that 2.1 Million adults and children live with HIV/AIDS, about 14 per cent of the sexually active population. HIV/AIDS has been declared a National disaster.²⁵

²² Mutinda Fredrick, *“Stigmatization as a moral challenge to the youth,”* Social Teachings of the Church, A Reflection Paper, unpublished, Tangaza College, CUEA, 2006

²³ Mutinda Fredrick, *“Stigmatization as a moral challenge to the youth,”* Social Teachings of the Church, A Reflection Paper, unpublished, Tangaza College, CUEA, 2006

²⁴ USAID – WHO, *AIDS Epidemic Update*, December, 1999

“One out of every ten people who come here for HIV testing is positive. It is possible that the ratio could go up if many more would come for testing. This VCT facility is under utilized. While we have about ten thousand people living in this barracks, very few people come for testing. They fear people knowing their status. We have even tried to bring people from outside the barracks to work here but the numbers have not increased. One lady soldier told me that they preferred going to other centres outside the barracks where no one knows them. Women especially fear that if people know that they have AIDS, the propaganda of words starts and people and their families start talking negatively about them.”²⁶

Major Chaacha estimates that there are more people than the official figures of HIV/AIDS persons that have been reported. He confirms what was a major observation of my research that stigmatization is one of the key impediments to fighting HIV/AIDS.

We must freely talk to people and to each other without any fears if we are to fight this disease that threatens to salvage humanity. A British Charity, *Save the Children*, says that in Africa, nine million children have lost a mother to AIDS. The Charity says in a report that a lack of testing facilities meant that many mothers, especially in the poorest countries did not know their HIV/AIDS status until they were ill and unable to fight off even the simplest infections.²⁷

There is no doubt of the capacity of HIV/AIDS to finish the human race. In Africa, the continent that has been synonymous with civil wars, military coups and other catastrophes and now HIV/AIDS threatens to kill more people than all these combined. If we combined all our efforts and resources, we will also succeed in fighting this pandemic and disaster. I believe these efforts must begin at the very basic level, from the basic units of the community. That is why a media for the community is one way. While not all of us are infected with HIV/AIDS, we are all affected. We are

²⁵ [Http://www.policyproject.com/puts/countryreports/AIDS_in_Kenya.pdf](http://www.policyproject.com/puts/countryreports/AIDS_in_Kenya.pdf)

²⁶ Major Chaacha Mwita is the Welfare Officer and Manager of the Embakasi Garrisons VCT Centre

²⁷ “Aids leaves nine million children motherless,” Daily Nation, (21 March 2006), P.12.

all AIDS sufferers. Casimir Ruzindaza quotes the monograph of Clare Moffat: *'When someone you love has AIDS'* from which I also draw a lot of inspiration: -

For every person who contracts AIDS, the entire family circle carries the consequences of that AIDS persons decision to live hopefully or despairingly. For every lover and every friend, for co-workers, neighbours and health professionals, the AIDS person (not victim!) stands as a mirror for all our fears about disease, about death, about pain, about loss. Each one of us is confronted daily by our own deepest fears, our own personal response to life and death, our own choices to run away or to stay and fight as we love. In this connection, the AIDS person serves us well, in love, together with the one who confronts and triumph over a tragic diagnosis.²⁸

2.6.4 Communication Theories

A brief introduction

To understand some of the major findings from my research, a critical review of some of the communication theories so far advanced by various scholars is important.

There are several communication theories that are related to community media and how it can be used for social transformation. I have reviewed four of these communication theories that relate to community media below:

Democratic- Participant Theory

This theory supports community media in that the central point of the theory lies with the needs, interests and aspirations of the active 'receiver' in a political society.¹ Every individual has a right to respond and the right to use the means of communication for interaction in small-scale settings of community, interest group sub-culture.

²⁸ Ruzindaza Casimir, *Living Positively with AIDS*, p. 32

¹ Githaiga Grace, *"Community Media,"* Tangaza College, CUEA (2006), Class Notes

It is the objective of EWAH that *Femina* magazine becomes a forum for women in Embakasi to freely express their views about HIV/AIDS and related issues facing them and share their suggestions about the way forward.

The Democratic Participant Theory favours multiplicity, unprofessionalised, smallness of scale, locality, interchange of sender-receiver roles, horizontality of communication links at all levels of society, integration and commitment.²

Media institutions created according to the democratic participant theory are involved more closely with social life and more directly in control of their audiences offering opportunities for access and participation in terms set by their users rather than by controllers.

Community media entails a scenario where the sender and receiver are at the same level. The major emphasis in community media is the use of media for purposes of information exchange. A human community is built on the exchange of initiatives, information and meanings in the process of defining, creating and maintaining group identity and interests of survival within a specifiable geographical and/or cultural space.³

Community media can assist in seeking solutions to social problems by enabling an environment where the locals dialogue to come up with their own strategies to deal with their own problems. It should be viewed therefore as an element of a community communication system. Women in Embakasi can use a community magazine to share information and seek solutions to the HIV/AIDS pandemic.

² Githaiga Grace, "*Community Media*," Tangaza College, CUEA (2006), Class Notes

³ Githaiga Grace, "*Community Media*," Tangaza College, CUEA (2006), Class Notes

Dennis Mcquail talks about the following assumptions of the democratic participant media theory:

- * That individual citizens and minority groups have rights of access to media (rights to communicate) and rights to be served by media according to their own determination of need:
- * The organization and content of media should not be subject to centralized political or state bureaucratic control:
- * Media should exist primarily for their audiences:
- * Groups, organizations and local communities should have their own media:
- * Small scale, interactive and participative media forms are better than large scale, one way professionalised media, and that
- * Communication is too important to be left to professionals.⁴

This democratic-participant theory supports the principles of community media, which allow for audience participation.

Agenda- Setting Theory

In his book, essentials of *Mass Communication Theory*, Arthur Asa Beyer says that the mass media carry programs that focus our attention on certain aspects of life (that they deal with in new shows, talk shows, narratives and other genres) and, in so doing, so the theorists of **agenda setting** suggest, consign other aspects of life and topics to secondary status or, in some cases, relative obscurity.⁵

Femina magazine can effectively set the agenda for women in Embakasi by choosing to focus on HIV/AIDS, which is an exigency in Embakasi at the moment. With the disease killing many young people in the area, leaving many children as orphans and the many people either infected or affected, the magazine can play a major role of

⁴ Mcquail Dennis, *Mass Communication Theory*, P.123

⁵ Beyer Asa Arthur, *Essentials of Mass Communication Theory*, P.63

prompting women to focus on this disease which has no known cure. With its multiplicity of problems, this is an issue that the whole society has to focus on. And given the fact that women suffer most as result of this disease, *Femina* magazine must influence women to think of ways to counter the effects of this pandemic.

The texts that the media carry shape our thinking. *Femina* magazine will carry articles focusing on the effects of HIV/AIDS, how the disease can be managed and prevented, how to care for HIV/AIDS persons and how to live positively with it. The magazine will focus on the issue of stigmatization and the importance of treating HIV/AIDS persons as equal human beings with every right and privilege to be part of human society. By setting the agenda, the magazine will also shape the perceptions of people regarding HIV/AIDS.

Media coverage helps define the things people think about and worry about. This is what agenda-setting is all about. It occurs as the media create awareness of issues through their coverage, which lends importance to these issues. The media don't set agenda's unilaterally, but they look at their audience and what issues affect them to help set priorities for their coverage.⁶

Uses and Gratifications Theory

People use the media for various reasons. They include: -to be amused, have shared experiences with others, experience empathy, see others make mistakes, to be purged of unpleasant emotions, to experience the ugly and to see villains in action.⁷

People choose a particular media for various purposes and for various needs. This means that while the media can choose what texts they want to give to their

⁶ Vivian John, *The Media of Mass Communication*, P. 407

⁷ Beyer Asa Arthur, *Essentials of Mass Communication Theory*, P. 101

audiences, the audiences have also the power to choose what they want to listen to, watch or read in the media. People have various interests and choose their preferred media at any given time according to their specific needs. This is the reason for example why people read particular magazines and not others.

In my proposed project, I plan to use a community magazine targeting women and HIV/AIDS and run and managed by them. The Uses and Gratifications theory states that people will use the media with which they can identify. While not all of them are infected, the disease affects all of them. They may have lost relatives or friends or have relatives and friends who live with the disease. My rationale for using community media is that my target audience will want to hear from among themselves (people they can identify with), HIV/AIDS related information, challenges, experiences and suggested coping strategies. That is why they will choose to read the magazine.

Audiences are not passive; they choose a particular media for specific kinds of gratifications. "The greater the need, the greater the effect."⁸

The media plays a very informant socialization function. The Uses and Gratifications theory is actually a social science theory. People are always seeking information that helps them fit in with other people. Using the media can be a social activity bringing people together.

People reading our magazine will be able to maintain social relationships by getting something in common.

⁸ Rossi J. et al, *Mass Media and the Moral Imagination*, P.50

The media contributes to unity by creating commonality. It is important in creating, even nationhood and perhaps, with global communication, a fellowship of human kind.⁹

In a sense, while using a community magazine to discuss HIV/AIDS, this magazine will also create a sense of community among women in Embakasi, which will encourage dialogue even about other social issues, which will eventually contribute towards social transformation of society.

Emancipatory and Domination Theories of the Media

For a long time, most of the people working with mass communication saw it as a means of dominating individuals and groups, of shaping their behaviour, indoctrinating them with ideological messages, and turning them into passive, alienated, brainwashed victims.¹⁰

Community media has played an effective role of breaking the determination of the mass media. When the media dominates, it is likely to advance their own agenda or that of their owners, sponsors and advertisers thereby marginalizing people who do not have access to them or a say in whatever contents they carry. This leaves a majority of people out and this is the group that community media targets.

Emancipatory theory of mass communication is a resistance to the domination theories. Mass communication must be seen as a two-edged sword. If mass

⁹ Vivian John, *The Media of Mass Communication*, P. 391

¹⁰ Beyer Asa Arthur, *Essentials of Mass Communication Theory*, P. 131

communication can be used to control, it can also be used to resist control and domination for what can be described as emancipatory purposes.¹¹

Community media should be used to advance ideas that are of benefit to the society or the community of interest they serve with an ultimate aim of developing that community and not to dominate it.

A community magazine can achieve this by choosing to focus on an issue affecting or concerning the area it serves at any given time and using language and a communication system relevant to that community.

James Watson says it is the freedom of the audience to use media in the way it wishes and depends on the full exercise of the principles of emancipation. Production rests in the hands of the community rather than being confined to specialists. Emphasis is placed on feedback from audience and interaction through participation.¹²

¹¹ Beyer Asa Arthur, *Essentials of Mass Communication Theory*, P. 131

¹² Watson James, *Media Communication, An introduction to Theory and Process*, P. 66

CHAPTER 3

PROJECT PROPOSAL- FEMINA MAGAZINE

3.1 Introduction

The mass media has been criticized in several quarters for promoting the interest of those who have the means while ignoring the interest of those who do not have the means and who unfortunately are the eighty per cent of the population.¹

We need a community media that addresses the historically disadvantaged or marginalized. To identify the needs and interest of this group, we need to involve them in developing a communication system that best addresses their needs. And these needs vary from community to community depending on the exigencies in society at any given time.

HIV/AIDS is a problem that has emerged in Embakasi as quite capable of eliminating the reproductive and working class, leaving old men, women and children

¹ Mutere Absalom Dr., "*Globalization and Communication Policies*", Class notes, Tangaza College. CUEA, 2006

infected or affected. It transcends all boundaries, regardless of age, sex, colour, religion or social status. It leaves a bitter and bad after taste in peoples' lives.

Women bear the greatest burden. They are left to care for children as widows when their husbands die. They have to take care of their children's children when they die from HIV/AIDS. And yet their economic status is not as high as that of men in society. Worse still, they are negatively viewed as the transmission vectors of this deadly disease.

Lack of information about HIV/AIDS has been the greatest impediment in the fight against HIV/AIDS, which has led to a lot of stigma especially against HIV/AIDS persons. A communication system that focuses specifically on ways and means of combating this pandemic could effectively counter the effect of this HIV/AIDS menace.

3.2 A brief background of Embakasi Women against HIV/AIDS (EWAH)

EWAH is a brainchild of Faith Wambui who has lived with HIV/AIDS for the last 12 years and is a Social Worker with the Tasia Catholic Church in Embakasi. Faith was very instrumental in my research and organized for me to meet a few women suffering from HIV/AIDS and have in depth interviews with them. It was during my research that I realized the need for information exchange via community media, an idea she and I are keen to pursue as one of the projects of EWAH.

EWAH is registered at the offices of the Registrar of Societies as a Civil Society Organization (CSO) and is registered under the Tasia Catholic Church.

Mission Statement

To empower women in Embakasi by providing to them the necessary information and support they require in countering the effects of this pandemic for the good of society.

Aims and objectives of EWAH

- To be a forum of information exchange about the negative effects of HIV/AIDS and what women can do to deal with this pandemic.
- To be a platform where women, both the infected and affected by HIV/AIDS can meet and share their problems, challenges and experiences.
- To campaign for the education of women and equal opportunities in enrolment in learning institutions.
- To fight for the rights of women and the girl child.
- To mobilize for resources to cater for disadvantaged women in Embakasi.

3.3 Using Community Media – A case study of EWAH

Insights on the Project

Insights on how to set up an effective community media have been derived from my studies in Tangaza College and the knowledge gained in courses I will acknowledge below.

I have gained vital knowledge on how to run business organizations and write business plans and proposals, skills that I will use in my project. The course is called *Entrepreneurship*, which is a core course in the Institute of Social Ministry, which I took as an elective in my second year together with the 3rd year students of Social Ministry in 2005. I am particularly indebted to the lecturer Mr. Joseph Ntale whose teaching method and presentation reinforced my desires to be an entrepreneur and successful manager of a business enterprise.

Secondly, I would like to mention insights I gained in the course *Magazine Design and Editing* which I was taught by my supervisor in my thesis, Esther Kamweru. I have learnt about many features of a magazine, how to address your intended audiences, what topics to choose for a particular audience, the importance of advertisers, how to choose a title that will capture my target audience, how to organize articles in my magazine, how to choose an editorial mix and how to avoid my magazine “dying off” like many do.

I have also gained a lot of computer skills through Desktop Publishing. Though limited in the number of packages we could take, I wish to declare that this magazine that I produced for my project is the work of my own hands and the produce of skill gained through Desktop Publishing course, which was well taught by the tutor, Mr. John Ng’ang’a.

I also wish to appreciate Grace Githaiga, the lecturer of Community Media, a course I am also taking as an elective with the 2nd year Social Communication students. She has taught me what community media is and how community media can address the needs of the society for social transformation. She has actually convinced me that I

can use community media to address the needs of the minority in society. It is worth mentioning that my whole project is focused on how community media can be used by women to fight the HIV/AIDS pandemic.

3.4 Proposed Project- *Femina Magazine*

I plan to establish a magazine which will be published by the Embakasi Women Against HIV/AIDS (EWAH). The name of the magazine will be *Femina*, which is derived from the word female. I chose this name because it closely identifies with women who are the subject of my community media project.

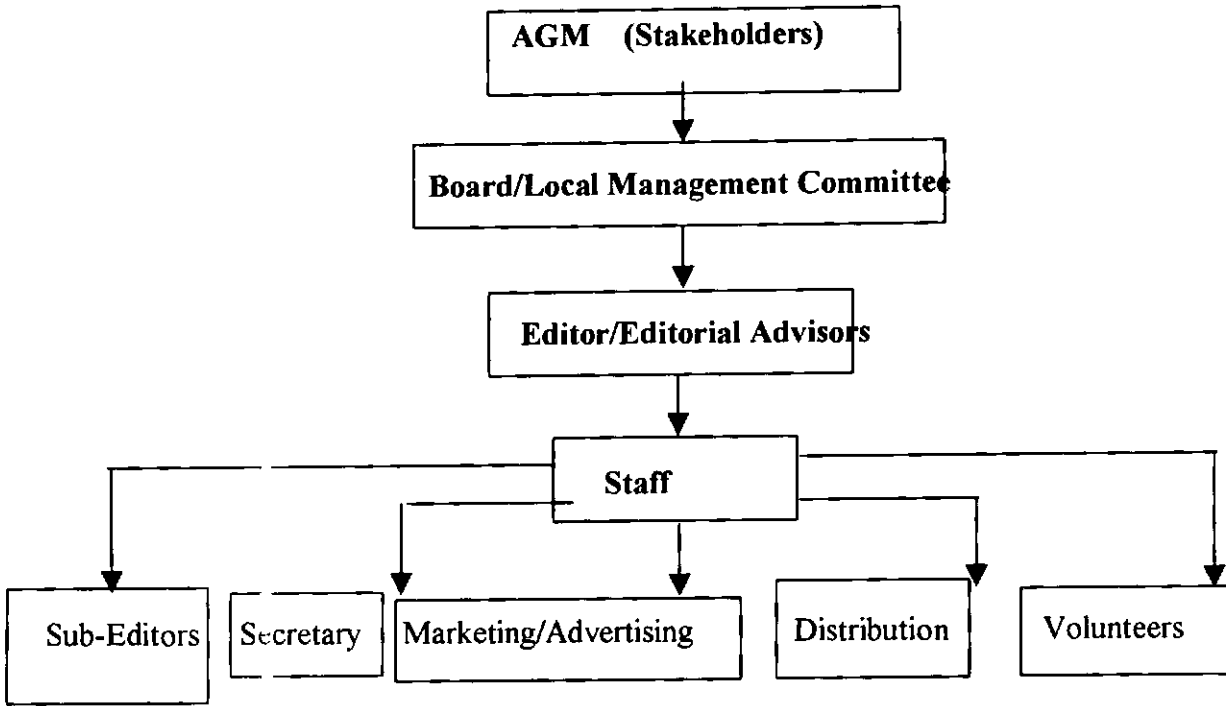
About *Femina*

Femina will be a monthly publication by EWAH, focusing on issues to do with HIV/AIDS or related subjects. It will be managed by women in Embakasi, who shall be the contributors, they shall decide on what subjects they want addressed. *Femina* will be a forum of information exchange, encouraging dialogue and participatory communication. Community media is about the audience choosing what they want to communicate as opposed to the mass media. That is what *Femina* is all about.

Management of *Femina Magazine*

Femina magazine will be the property of EWAH and its patron shall be the Parish Priest of Gasia Catholic Church under whose umbrella EWAH operates and is registered.

Proposed Organizational Structure



Annual General Meeting (AGM)

This shall be an annual meeting of all members of EWAH. Membership to EWAH shall be by subscription of a minimal membership fee of Kshs. 10 annually. Each member will have an equal voting right.

During the AGM, members will evaluate the performance of the organization, and whether the organization kept to its objectives as articulated in the mission statement and the set objectives.

The AGM shall also propose other projects that they feel EWAH should undertake.

Board/Local Management Committee

This will be a balanced and representative committee, as representation of the interests of women in Embakasi who will be executives of EWAH. They will be more or less the overseers of the project and the decision makers. The committee shall consist of a chairperson who is also the chairperson of EWAH, treasurer, representatives of Civil Society Organizations (CSO's) and Community Based Organizations (CBO's) based in Embakasi and a representative from Tasia Catholic Church.

The board can elect an Executive Committee that can meet at regular intervals to deliberate on policy issues and other matters that may arise.

Editor

The Editor shall be in charge of the day to day running of the publication and shall report to the LCM.² Editorial advisors who will also vet and approve articles for publication and other related issues shall assist her.

² Local Management Committee

As the manager of *Femina*, she will be in charge of staff matters, hiring of volunteers, making sure that the publication is published on time, all necessary equipments are in place and co-ordinate with the other staff to ensure the quality of the magazine and relevance of the contents.

Sustainability of the Project

Women themselves will run *Femina* magazine and this will greatly cut down the costs of running such an enterprise. However, as the publication grows and with availability of funds, these volunteers who will be engaged on contractual terms maybe paid some stipends or honorarium.

The Marketing and Advertising team will also seek out potential advertisers to advertise in our magazine. These advertisers should be the ones that deal in issues or products that are in line with the beliefs and values of EWAH.

The Local Management Committee will also appoint a fundraising manager who will be in charge of raising money for the publication.

The publication will retail at a minimal Kshs. 10, which is not enough to cover the cost of its production, but the aim of the publication is to make sure that it gets to as many women as possible. Women generally do not buy magazines and newspapers because they have other priorities. In an area like the slums of Kwale in Embakasi where the poverty levels are high, a simple meal can cost as little as Kshs. 50 which is

the lowest rate that most magazines retail at. A woman will prefer to buy two packets of milk that cost the same price rather than buy a magazine.³

The LMC plans to approach donors and other international organizations involved in the HIV/AIDS campaign to sponsor the publication of the first six issues as the committee seeks for advertisers to place regular adverts in the magazine which will help cover the production costs of the magazine. Given the population of Embakasi, advertisers will definitely want to advertise their products and services in the magazine with the hope of tapping in on this potential market.

EDITORIAL POLICY

- The magazine will be full colour size A4, 12 pages.
- All articles will be vetted and approved by the Editor and Editorial Advisors before publication.
- Articles may be edited for clarity or space.
- Everybody among the members of EWAH and other women living in Embakasi are free to send their articles to the editor to be considered for publication.

³ Kamweru Esther, "Introduction to Journalism," Tangaza College, CUEA (2005), class notes

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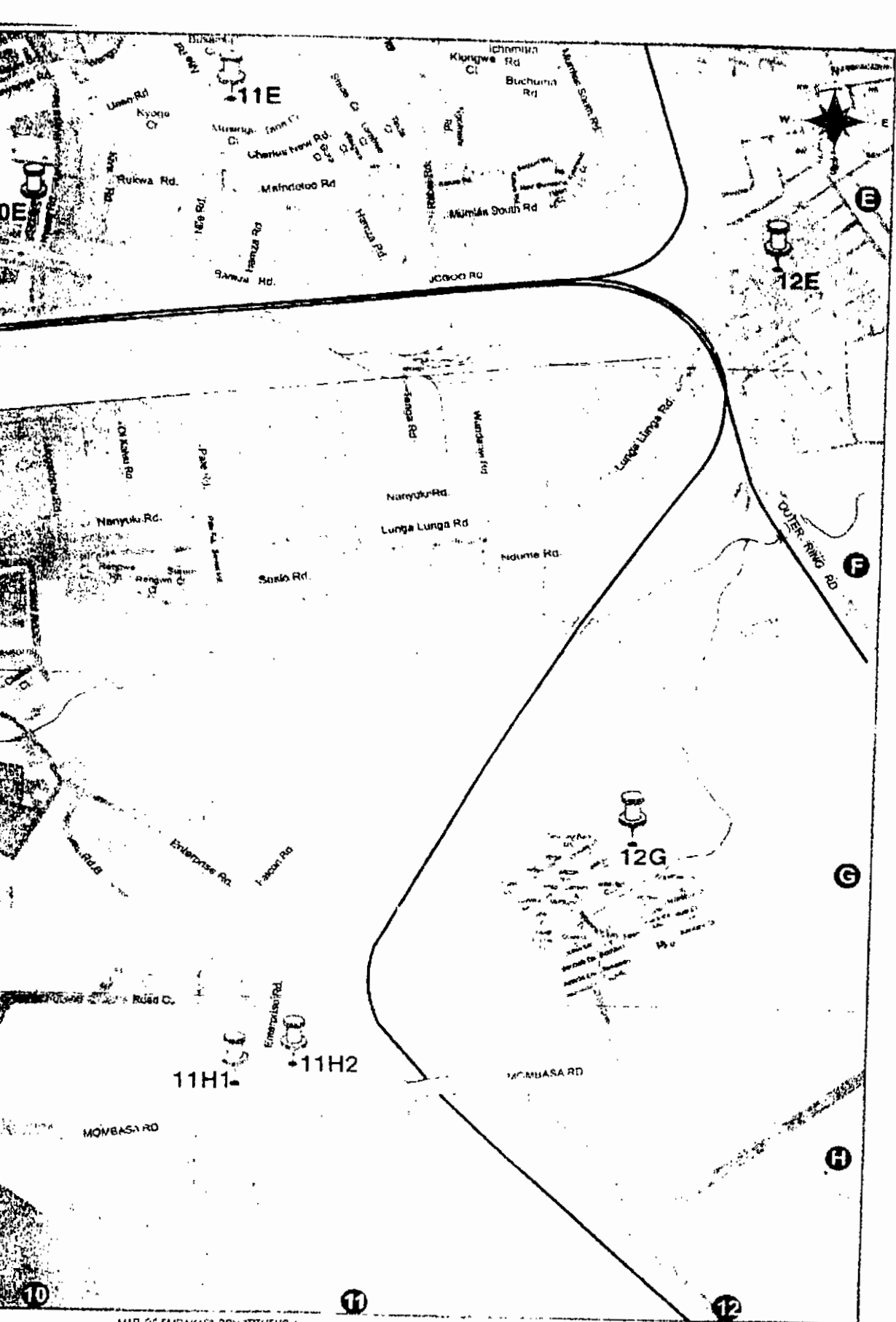
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MAP OF EMBAKASI CONSTITUENCY

CONGRUARY 1982 &
VISITATION L.P. 1982

MAP 9



APPENDIX-2

FEMINA

MAGAZINE

Kshs. 10/=

Femina

Knowledge is power



Community
All is not lost for those infected with
generation at risk
Youth are culpable
risky behaviors
shame and embarrassment
opinion
Secure your business steps
ADS HOME BASED CARE

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- Lawrence Kivondo
- Beatrice Maagu

Femina Magazine is an initiative of Embakasi Women Against HIV/AIDS (EWAH) aimed at enhancing information exchange as a tool in combatting HIV/AIDS.

The Editor welcomes contributions from readers on issues related to HIV/AIDS and subjects of interest. All articles must be signed as an act of good faith and addressed to;

The Editor
Femina Magazine
P.O. Box 4735, GPO,
Nairobi
Tel: 020 828256.
Mobile 0720 140745

E-mail: femina@ewah.co.ke

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 JE, UNATAKA KUENZISHA
 BIASHARA YAKO? 11
 Kuna nini katika mpango wa biashara? . 12

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Beatrice Wamboi*

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Fax: 828299*

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FROM THE EDITOR

From the editor's desk.

Knowledge is Power

It is with great pleasure that I welcome you to the inaugural issue of Femina Magazine, an initiative of Embakasi Women Against HIV/AIDS (EWAH). EWAH is aimed at using the media for information exchange in a participatory approach to help in the fight against AIDS.

We begin with these magazine helped at empowering women by giving them vital information that will help them fight HIV/AIDS as well as give them a forum to share their problems, challenges and experiences and encourage dialogue. We hope that when we grow we shall establish our own TV and Radio station and be a fully fledged Community Media establishment.

Economically, we are non-profit oriented. Information wise, we are truly profit oriented. Our aim is to achieve the maximum profits no organization has ever achieved by reaching as many women as possible. Do not put this magazine to your shelves after reading it; pass it on to another person.

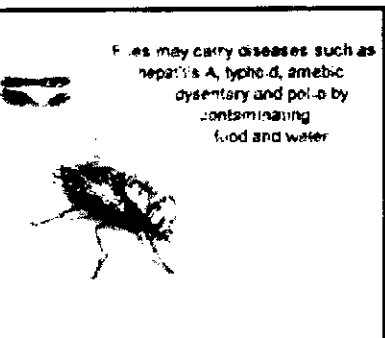
We welcome your articles on related subjects and your feedback on how we can make this a better channel for information exchange.

Happy Reading!



SAFETY KEY TO IMMUNITY BOOST

By Dr. Mercy Kiura



Public health and food safety experts have traced millions of illnesses to contaminated food and water. For persons living with HIV, food and water safety is extremely important.

Immunocompromised persons are more susceptible, because of their weakened immune system, to serious food and waterborne diseases. Secondary infections, transmitted through food and water, contribute significantly to the morbidity and mortality of HIV infected persons. Food plays an active role in disease transmission by supporting growth of the etiologic agent or toxin production, or a passive role where the food does not support growth but serves as a means of infection. Food and waterborne diseases cause nausea, vomiting, and/or diarrhoea with or without additional symptoms of fever, chills, headache and fatigue. Chronic ailments which may result from food borne diseases include chronic gastroenteritis, organ compromise, nutritional and other malabsorptive disorders as well as the potential for death.

Diarrhoea is usually the most significant manifestation of such an infection and possible life-threatening complication.

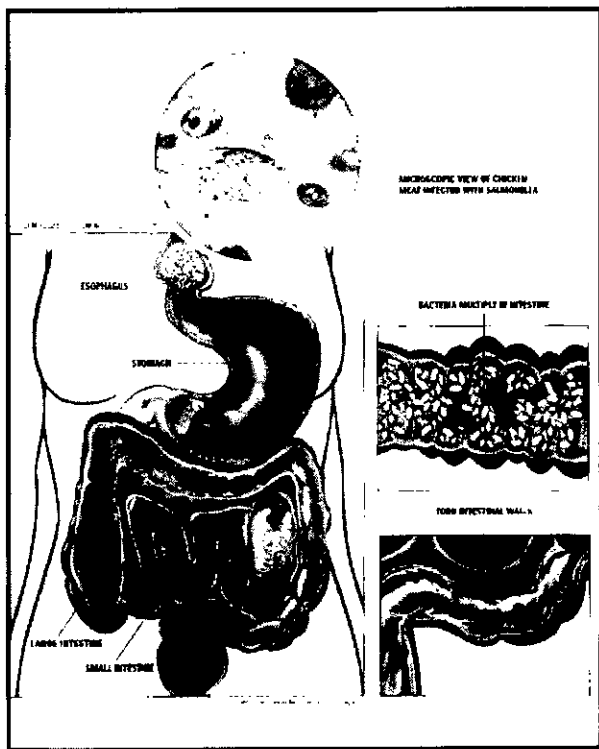
Its presence in immunocompromised patients is a challenge for treatment and prevention of wasting. Many micro-organisms (Giardia lamblia, Entamoeba histolytica, cryptosporidium, Salmonella, Shigella, Listeria, Yersinia, and Campylobacter species) identified as the cause of enteric infections in people living with HIV, have also been recognized as etiological agents in food and waterborne diseases.

Salmonellosis is estimated to be nearly 20 times more common and five times more often bacteremic among people infected with HIV. Non-typhoidal salmonellosis is often life-threatening and relapsing. Similarly, campylobacteriosis can cause bacteremia and be difficult to cure. Mycobacterium species, including antimicrobial-resistant M. avium complex and M. tuberculosis, also cause enteric infections and disseminated infections.

Listeriosis, shigellosis and cholera are other bacterial foodborne diseases of which people living with HIV/AIDS are at increased risk. Soft cheeses, contaminated milk, ice-cream, lettuce, undercooked poultry, under-heated hotdogs and deli food are associated with

sporadic listeriosis outbreaks. The organism that causes listeriosis, listeria monocytogenes, is an unusual pathogen that grows and multiplies at refrigeration temperatures. Vibrio vulnificus is usually associated with consumption of raw shellfish, especially oysters. It can also be transmitted directly to wounds from seawater. The organism causes a rapidly developing septicemia in those at risk (cirrhosis, diabetes, immunodeficiency caused by AIDS or other sources) and has a 50 per cent mortality rate.

Cryptosporidium parvum, a protozoal parasite, was hardly recognized as a human pathogen until it appeared in people infected with HIV, with life-threatening diarrhoea. Usually waterborne, cryptosporidium also can cause limited diarrhoea in immunocompromised pa-



ients. Cryptosporidiosis has also been traced to consumption of raw milk, unpasteurised apple cider and chicken salad. Immunodeficient individuals, especially those infected with HIV, may have the disease for life, with severe diarrhoea and invasion of the pulmonary system, causing death. The following precautions for preventing or minimizing food/waterborne diseases are recommended:

Do not consume raw or undercooked eggs, including foods that might contain them, raw or undercooked poultry, meat, seafood; and unpasteurised dairy products that might contain enteric pathogens.

Poultry/meat should be cooked until no longer pink in the middle (internal temperature, 165F/73.8C).

Produce should be washed thoroughly before being eaten.

Avoid cross-contamination of foods. Uncooked meats should not come in contact with other foods. Hands, cutting boards, counters, knives and other cooking utensils should be washed thoroughly after contact with uncooked foods.

Listeriosis is a serious disease that occurs frequently among HIV infected persons who are severely immunosuppressed. Some soft cheeses and some ready-to-eat foods like hotdogs and cold cuts from delicatessen counters have been known to cause listeriosis. Reheating these foods until they are steaming before eating them can prevent listeriosis.

HIV infected persons should not drink water directly from lakes or rivers because of the risk of cryptosporidiosis and giardiasis. They should avoid swimming in and drinking water

that may be contaminated with human or animal waste. Knowledge of safe food and water handling techniques is essential for HIV infected persons, their caretakers and health care providers to prevent such infections. The avoidance of foodborne and waterborne illnesses as a component of an overall strategy for defensive living is critical for the infected.

To decrease the risk of infection from enteric pathogens, emphasis should be placed on the proper storage of perishable foods, adequate cooking of animal consumables, avoidance of cross-contamination of raw and cooked foods, appropriate kitchen sanitation, proper personal hygiene and use of water from safe sources.

All is not lost for those infected with HIV

By Lucy Ndegwa

Since the discovery of the HIV, a lot of research continues to be done and we are more confident than ever that those infected with the virus can continue to live longer and enjoy a productive life by understanding the immune system.

How does HIV affect the immune system?

Research has shown that the HIV can affect the immune system by lowering the CD4 cells that affects the capacity of the body to fight the diseases. As a result, the infected person succumbs to frequent opportunistic infections.

However, science has shown that if the infected person is

able to maintain the CD4 count above 200, they reduce the chances of getting Opportunistic Infections. This has been done successfully through ARV therapy.

Comprehensive Care Concept in HIV/AIDS management

The comprehensive care concept seeks to provide a holistic care to HIV/AIDS patients. It brings together all the health care services required by these patients under one roof.

With this knowledge, the infected persons can protect their health by;

- ↳ Consulting with their doctor even if they are not sick and to monitor the CD4 Cells count
- ↳ Have TB test

- ↳ Reduce or stop drinking and smoking
- ↳ Consider joining a support group
- ↳ Protect your partner
- ↳ Understand the risk of pregnancy
- ↳ Seek professional counseling
- ↳ In addition, research has shown that the HIV can be managed through;

Nutrition

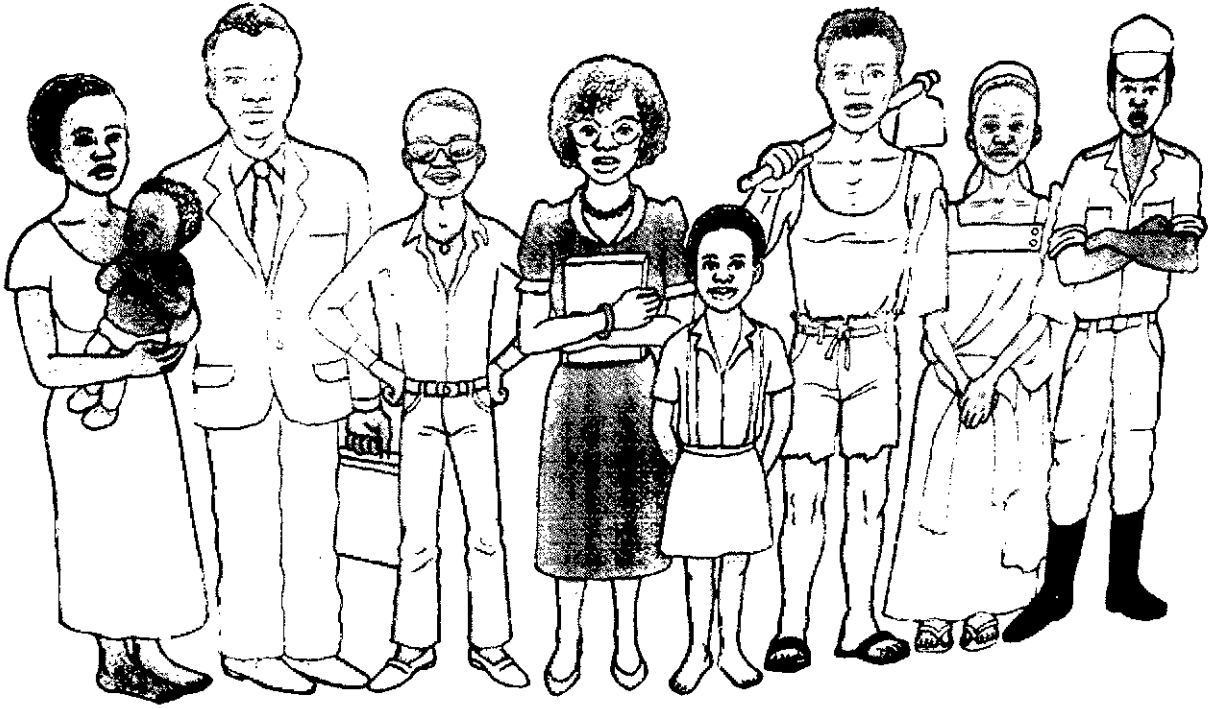
Positive behaviour change

Regular medical care and check-up

Surveillance for Opportunistic Infections

Anti retroviral therapy (ART)

GENERATION AT RISK



By **Charity Kibogi**

Today's youth are the AIDS generation; they have never known a world without HIV. Millions have died, yet the epidemic remains largely invisible to adults and even to the young people themselves. Stopping HIV/AIDS requires comprehensive programmes that focus on the youth. Of the more than 60 million people living with HIV in the past 20 years, about half were infected between the ages of 15 and 24. Currently, nearly 12 million young people are living with HIV/AIDS.

Young women are several times more likely than young men to be infected with HIV. In nearly 20 African countries, 5 per cent or more women between 15 and 24 are infected. Such statistics underscore the urgent need to address HIV/AIDS among the youth.

Physical, psychological and social attributes of adolescence make young people particularly vulnerable to HIV and other sexually transmitted infections (STIs). Adolescents are often unable to comprehend fully the extent of their exposure to risk, while societies compound this problem by making it difficult for them to learn about HIV/AIDS and reproductive health.

Moreover, many youths are socially inexperienced and dependent on others. Peer pressure easily influences them in detrimental ways.

Why youth are vulnerable

The youth are vulnerable because their social, emotional and psychological development is incomplete, and they tend to experiment with risky behaviour, often with little awareness of the danger. In

fact, risky sexual activity is part of a larger pattern of adolescent conduct, including alcohol and drug use, delinquency and challenging authority. At the same time, researchers caution against a simplistic view of adolescent as "vulnerable" or "at risk." Such a perspective, experts argue, can cloud understanding of their situation because young people are not a homogenous group and can think for themselves.

Most young people have only limited knowledge about HIV/AIDS largely because societies make it difficult for them to get information through discriminatory social policies. Since adolescents are in a period of transition, where they are no longer children but not yet adults, public health responses to their needs are often conflicting and confused.

Why adolescent behaviour increases vulnerability

Adolescence is a period of unpredictable deeds. Lacking the judgement that comes with experience, it is only by acting decisively to control HIV that today's young people will have a future as adults. The threat of HIV/AIDS may be particularly hard for them to grasp. Because HIV has a long incubation period, a person's risky behaviour does not have immediate consequences.

Again, the potential social costs to a young person of preventing HIV infection, including loss of the relationship, trust and peer acceptance, can be too high a price for most adolescents to pay. Moreover, many young people are unaware of what constitutes risky sexual behaviour. Even if they appreciate the existence of HIV/AIDS in general, many adolescents believe that they are not vulnerable. For example, in Tanzania, only 26 per cent of male students interviewed felt that they were at "high risk", even though 48 per cent felt that their friends were in that bracket. Such results reflect the distorted sense of immunity to the epidemic that many young people exhibit, leading scores to ignore the threat of infection and thus to take no precautions.

Of course, many adults also take risks and do not consider themselves vulnerable. Cognitive maturity appears to be associated with safer sexual behaviour. In Kenya and Zambia, for example, young women with high academic achievements

are more likely to use contraceptives.

In Mozambique, more schooling was credited with more use of condoms while in Uganda, young women with secondary school education exhibited the most dramatic declines in HIV prevalence from 1991 to 1997.

Even where the prevalence of HIV/AIDS is high, like in South Africa, some youths do not consider themselves to be at risk, while others have said in focus group discussions that, if they became infected, other people would be held responsible. Some youth even question the existence of the scourge.

Even when they are aware of the risks involved, some young people may ignore them. Young women may intentionally engage in risky sexual practices, especially in cultures where marriage is highly valued and a woman's status depends on finding a husband and bearing

children. In some parts of Cameroon, competition for eligible men is keen, thus young women who face the threat of being displaced by other girlfriends might indulge in unprotected sexual intercourse to bolster their marriage chances. In parts of Asia, young women may become commercial sex workers because they receive higher pay than in many other occupations. Some young people even continue with unsafe sexual behaviour after being diagnosed with HIV.

In the US, researchers found that adolescents who were infected with HIV were twice as likely as infected adults to engage in such high risk behaviours as having unsafe sex and sharing needles for intravenous drug use.



Other risky behaviors

For most adolescents, experimenting with tobacco, alcohol, sex and drugs are rites of passage. In Tanzania, for example, 16 to 24 year olds who smoked and drank alcohol were four times more likely than others that age to have multiple sex partners.

In Kenya, the single most important predictor of sexual activity among adolescent women was using depressants and stimulants.

Studies in Puerto Rico, the mainland US and elsewhere report similar findings. Risky behaviours are also directly linked. For instance, among US college students, those who had sex under the influence of alcohol or drugs were two and a half times more likely not to have used any protection.

relationship. Thus, they prefer to consider themselves "safe" rather than face the discomfort of taking steps to ensure their safety. At the same time, many highlight that they would be relieved if the partner brought up the subject of protection.

Some young people, especially

they do not bear responsibility for protection.

Peer opinion

Most young people are keenly sensitive to peer opinion. Among older adolescents, perceptions of what peers think often have a greater influence on sexual and other risk taking behaviour than the opinions of parents and other adults.

Studies in the US and elsewhere have shown that the sexual pattern of friends influences young people's own sexual behaviour. When adolescents believe that their peers view unprotected sex as safe, then they are more likely to do it themselves.

In Kenya, adolescent men whose friends were sexually active were seven times more likely to indulge themselves. In



Uganda, young men report that peers pressure them to "prove that you are a man". And as one South African male said, "it is not enough to get her to fall in love with you. You must be able to show your friends that you have slept with her."

Young women in that country can also experience pressure, with adolescent females saying that their peers will ridicule a person who fails to hold onto a relationship because she refused to have sex.

Anxiety and embarrassment

Many young people are anxious and embarrassed about sex, in part because their societies exhibit the same inhibitions. Even those who know how to protect themselves from HIV/AIDS often lack the social skills to do so.

Anxiety and apprehension often prevent young people from using condoms because their use requires their sex partner's awareness and co-operation. Many individuals are afraid to enquire about their partners' sexual history for fear of endangering the rela-

women, are at risk because they have a poor self-image or are uncomfortable with their sexuality.

Often, the young do not believe that they can control their sexual or contraceptive affairs. They deny that they need contraceptives or exaggerate the difficulty of obtaining them and avoid decisions about self-protection altogether.

Denying risk is a common way that people use to cope with stress. Adolescents who deny their vulnerability to HIV/AIDS can ignore AIDS prevention messages, dismiss their relevance or think that

YOUR QUESTIONS, OUR ANSWERS

1. Explain how a pregnant woman living with HIV/AIDS will successfully bear a child who is HIV-negative through the right medical care (PMTCT), yet other impurities like alcohol, drugs and cigarette smoke will affect the unborn child?

For unborn child to become HIV positive, the mother's blood must mix with the child's blood. This can occur during labour when the placenta tears due to trauma. In an intact placenta, the mixing of maternal and fetal blood hardly occurs in significant quantities. The placenta therefore acts as a barrier through which the virus particles from the mother may not pass to the child. Alcohol and drugs are not particulate matter, they are usually dissolved in the blood and these are able to cross the placenta by diffusing through and therefore affect the unborn child.

2. When does HIV infection occur? Is it during intercourse or there is a grace period?

HIV infection occurs within hours of sexual intercourse. Initially only the cells of the immune system standing guard at the mucosa are infected, but within a week or so, HIV particles can be found in circulating blood. AIDS, on the other hand, develops many months after HIV infection.

3. What is the failure or success rate of using...

A) Condom?

While using a condom correctly for a year for every sexual intercourse, the one person for every 100 couples engaging in regular sex for the whole

year. So condoms are a pretty good way of preventing HIV infection, about the same success as using them to prevent pregnancy.

B) Lemon Juice?

There appears to be limited or no experience with the use of lemon juice to prevent HIV infection. An educated guess would be that the use of lemon juice might even increase the risk, as the juice would probably erode the vaginal mucosa since it contains citric acid. Moreover, lemons are more expensive than condoms and would therefore not be cost effective.

4. How will a condom prevent entry of the AIDS virus, yet people have been known to get pregnant even after using condoms? Does it mean that the sperm is bigger than the AIDS virus?

I guess the author of this question is probably worried that a woman can become pregnant after using a condom, yet a sperm is bigger (not smaller) than the HIV/AIDS virus. Research has indicated that the chances of getting infected with HIV can be reduced significantly with condom use as opposed to non-condom use. In fact, the chances of getting infected while using condom correctly for a year for every sexual intercourse are about one person infected for every hundred couples engaging in regular sex for the whole year. Condoms do work in preventing HIV transmission. But, like any other device, there is always an element of risk.

For condoms, the risk lies largely on improper or incorrect use, rather than a defect associated with the condom it-

self. However, one needs to make sure that the condoms used are of high quality and have not been mutilated in any way prior to use. From the foregoing, therefore, cases of HIV infection or pregnancy after condom use can only be attributed to improper use of the condom, or that the quality and integrity of the condom is questionable.

5. If a pregnant, HIV-negative woman has sex with a HIV-positive man, will the foetus/baby be infected?

A foetus/baby can be infected either before, during or after birth, the latter through breastfeeding. Under these conditions, it is the mother who must be infected with HIV before transmitting the virus to the child. Since it is possible that the HIV-negative woman does not become infected after having sex with an infected man, especially if it is not multiple acts of sex with the infected partner, then with no HIV to transmit, the child will remain negative.

6. If a HIV negative woman is raped by an HIV-positive man and is given prophylaxis, would this prevent her from contracting HIV?

Certainly. There is a probability that she will not become positive during this rape incident, especially if the rapist has a low viral load. Anti-retroviral prophylaxis will further reduce any chance of HIV infection.

PLAN YOUR BUSINESS

By Femina Team

Japhet Mbuli decided to start a business in Mazombe, Iringa, three years ago. He had identified a business opportunity based on the people that visited Mazombe daily to go to the hospital and attend court hearings. He asked his parents to support his business ideas, so he wrote a business plan that explained what he would require and how he would make profit from his business if they invested in his ideas.

He started a small restaurant, duka and hair cutting salon. He later purchased a TV and radio set to assure his customers were comfortable and would stay longer. His entrepreneurship has earned him a name in his village. His business help to pay for his studies at a local University and he has included in his business cattle ranching, tomato trading, a butchery and is now building a guest house.

Japhet's planning in creating a business plan gave him the opportunity to think critically about what he was doing and where he would like to see his business go.

What is a business plan?

A business plan describes the business you will be doing, and whether it will make profits, by examining costs of starting up, running and of goods or services sold. In this way you realize that the business plan provides vital information for you and others to make an evaluation of your business.

To summarise from previous articles we now understand

that a business plan can be used to:

- ↳ Understand and define the needs of a business in relation to your target customers, competitors and industry.
- ↳ Understand how your business operates and what it costs to run your business.
- ↳ Expand your business into other sectors that can potentially increase profits.
- ↳ Identify and attract potential partners or sources of financing.
- ↳ Understand the skills you need, have and are missing.
- ↳ Explain to yourself and others why you are going to be successful.
- ↳ Know when to stop doing business.

Structure your business ideas

Every business plan is different because each business idea is unique with different circumstances and challenges. There is, however, basic information that can be included in a business plan to give you an idea of what the plan should look like. A plan addresses the most important business issues.

Your business plan is the roadmap for your business. It helps you to place ideas into a comprehensive working structure. It is a document that outlines your business ideas by defining in great detail what you plan to

do and how you intend to make money.

For example Betty Mollel conceived a business idea of a Hair Salon, starting with hair plaiting. Her business idea read: "... To plait women's hair in such a way that my customers look fashionable and presentable". I will carry out this business initially at home on the verandah of our house, and I will publicize this business in the neighbourhood."

Betty's statement for her business idea tells us that she will be selling hair-plaiting services to women in the neighbourhood, and the fact that she will be conducting her business on the verandah of their house implies that she will have a competitive advantage of paying little or no rent at all.

What goes in a business plan?

- ↳ Executive summary (a description of your business and what will make it successful).
- ↳ Description of the business (idea, product/service offered, legal structure etc).
- ↳ Market and marketing plan (target market, customers, marketing plan).
- ↳ Finances (start-up and running costs, pricing, cash flow, sources of financing).
- ↳ Management (who's involved, key skills required, team, skill gaps).
- ↳ Get it down on paper

Despite the importance of a business plan, many entrepreneurs drag their feet when it comes to preparing a written document. They argue that their market place changes too fast for a business plan to be useful or that they just don't have enough time. But just as a builder won't begin construction without a blueprint, eager business owners shouldn't rush into new ventures without a business plan.

Do your research

As a successful entrepreneur, you will not plunge into business without doing market research. You will first listen carefully to what the people in the community around you say. What do the people like? What do they want? What do they need? Can you satisfy any of their needs? On the basis of the answers to these questions, you will conceive a business idea. You will think of a product or service to provide to satisfy the needs of these people who are now your target customers.

JE, UNATAKA KUANZISHA BIASHARA YAKO?

Na Femina Team

Japhet Msolia aliamua kuanzisha biashara eneo la mazombe mkoani Iringa miaka mitatu iliyopita. Aliwaomba wazazi wake msaada kuanzisha biashara. Mpango wake wa biashara ulieleza kiasi atakachohitaji na jinsi atakavyopata faida kwa wazo lake la biashara. Japhet

alijua nini kinachohitajika kwa sababu ya mafunzo mafupi ya ujasiriamali aliyochukua. Aliona nafasi ya biashara kwa watu mazombe ambao kila siku huenda hospitali au mahakamani.

Alianzisha mgahawa mdogo, duka na saluni ya kukata nywele. Baadaye alinunua televisheni na redio kuwaburudisha wateja wake ili pia wakae muda mrefu. Ujasiriamali wake ulimpa umaarufu kijijini. Biashara zake zilimsaidia kulipia masomo yake chuo kikuu na ameongeza biashara ufugaji ng'ombe, uuzaji nyanya, duka la nyama na sasa anajenga nyumba ya kufikia wageni.

Mipango ya Japhet katika kuanzisha biashara umempa nafasi ya kufikiria kwa makini kuhusu nini anachofanya na anavyotaka biashara yake iendelee.

Nini mpango wa biashara?

Mpango wa biashara unaeleza biashara utakayoifanya, na kama itakuwa na faida, kwa kuangalia gharama za kuanzisha, kuiendesha na bidhaa ama huduma itakayouzwa. Kwa njia hii unaona mpango wa biashara unatoa habari muhimu kwako na wengine ili kufanya tathmini ya biashara yako.

Kwa ufupi, kulingana na makala zilizopita, tunaelewa kuwa mpango wa biashara unaweza kutumika ili:

- Kuelewa na kufafanua mahitaji ya biashara kuhusiana na wateja walengwa, washindani na biashara yenyewe kwa jumla.
- Kuelewa biashara yako inavyoenda na

inakugharimu kiasi gani kuiendesha.

- Kupanua biashara yako katika maneno mengine ambayo yataongeza faida.
- Kutambua na kuvutia wabia au vyanzo vya fedha.
- Kuelewa uzoefu utakaouhitaji na ambao hauna.
- Kujifanunulia mwenyewe na wengine kwamba utafanikiwa vipi.
- Kufahamu ni wakati gani wa kuacha biashara.
- Panga Mawazo yako ya biashara

Hakuna njia moja ya kuendeleza biashara kwa sababu wazo la biashara ni la kipekee kwa mazingira na changamoto tofauti. Hata hivyo kuna habari za msingi ambazo zinaweza kuwemo kwenye mpango wa biashara kuonyesha mpango wa biashara uko vipi. Mpango huo unaeleza masuala muhimu ya biashara.

Mpango huu ni barabara ya biashara yako. Unakusaidia kuweka mawazo yako kwa utaratibu madhubuti wa kufanyia kazi. Ni hati inayoweka wazi mawazo yako ya biashara kwa ukamilifu na jinsi unavyotarajia kutengeneza fedha.

Kwa mfano Betty Mollel alibuni wazo la biashara la kuwa na saluni ya nywele, akianzia na kusuka. Wazo lake la biashara lilisomeka: "Kusuka nywele za wanawake kwa namna ya kuwafanya wateja wangu waonekana kuwa wanakwenda na wakati na wanavutia. Nitaanzia biashara hii barazani

nyumbani kwetu na nitaitangaza kwa majirani".

Kauli ya Betty kwa wazo lake la biashara inatambua kwamba atauza huduma yake ya kusuka nywele kwa wanawake wa eneo lake na kwa kuwa ataanzia barazani nyumbani kwao, atakuwa na faida moja y ashindani kwamba, atalipa pango kidogo ama hataipa kabisa. Betty anaweka wazi masuala muhimu ambayo yatafanya biashara yake kufanikiwa katika muhtasari wake wa utendaji.

Kuna nini katika mpango wa biashara?

- 1 Muhtasari wake.
- 2 Ufafanuzi wa biashara (wazo), bidhaa/huduma

zinazotolewa, muundo wa kisheria n.k.).

- 3 Soko na mpango wa soko (Songo linalolengwa, wateja, mpango wa kuza).
- 4 Fedha (fedha za kuanzia na gharama za uendeshaji, bei, mtiririko wa fedha, chanzo cha fedha).
- 5 Uendeshaji (Nani anahusika, ujuzi muhimu unaohitajiwa, timu, udhaifu wa ujuzi).

Weka kumbukumbu, andika Licha ya umuhimu mkubwa wa mpango wa biashara, wajasiarimali wengi ni wazito kuandaa hati. Wanadai kuwa masoko yao yanabadiika haraka kiasi kwamba mpango wa biashara hauna maana au hawana muda wa kutosha. Lakini basi, kama vile ambavyo mjenzi hawezi kuanza kujenga bila mpango,

waendesha biashara wasikimbilie katika miradi bila kuwa na mpango wa biashara.

Fanya utafiti

Kama mjasiriamali mwenye mafanikio, hutokitumbukiza katika biashara bila kufanya utafiti wa soko. Kwanza utasikiliza nini watu wa eneo lako wanasema. Nini watu canapenda? Wanataka nini? Wanahitaji nini? Unaweza kutosheleza mahitaji yao yoyote? Kwa msingi wa majibu haya, utaweza kupanga wazo la biashara. Utafikiria kuhusu bidhaa au huduma ya kuwapatia na kuwatosheleza watu hawa ambao sasa ni wateja wako walengwa.

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APPENDIX-3- INTERVIEW QUESTIONS

1. What is your name?
2. How old are you?
3. What is educational background?
4. What is your marital status?
5. How many children do you have?
6. Where do you live?
7. Are you on salaried employment?
8. If you are HIV/AIDS positive would you like to share your experience and challenges?
9. When and how did you discover that you had the virus?
10. What was your initial reaction when you discovered that you had the virus?
11. Have people been appreciative of your condition or do you think they have shunned you because you have the disease?
12. Has your family been supportive to you?
13. How would you rate the performance of VCTs in the fight against this pandemic?
14. Do you think the government, the church and the community at large has given the best ever attention to HIV/AIDS patients?
15. How do you think this disease can be fought effectively?
16. Have you ever used Anti Retroviral? Do you think they are affordable?
17. Do you think the church has adequately played its role of caring spiritually taking care of those with this disease?
18. Have you encountered any employers who refused to give you work because of your condition?
19. What is your advice to other women about HIV/AIDS?
20. Do you think the media has played any role in the spread or prevention of HIV/AIDS?
21. What steps do you think the media can take to fight this pandemic?
22. What advice would you give other sufferers of HIV/AIDS or those who live and care for them?
23. Do you have any other comment?