



WHEN LOVE IS NOT ENOUGH

As health care centres try to prevent HIV transmission from mother to child, young people take part in an AIDS prevention campaign.

“How can I possibly have caught that?” That is AIDS, and this is the first question pregnant women ask Bernadette Mujinga when she tells them that they are HIV-positive.

Mujinga, head nurse at the Saint-Luc Health Centre in Likasi, 120 kilometres from Lubumbashi, then goes over the main causes of transmission with them. But she knows that she cannot give them the answers that they want to hear, nor can she soothe their fear. “It’s difficult,” she says discreetly.

Only the richest among them will be able to afford the anti-retroviral medicine that could save their lives.

In 2004, this health centre became the first in Katanga Province to set up a project known as PMTCT (Prevention of Mother-to-Child Transmission). During prenatal classes, pregnant women receive information on how to reduce the risk of transmitting HIV to newborns. When they are asked to take a screening test, most of them accept.

On average, about 60 women enrol in the prenatal classes each month. Of the 50 who undergo the test, two will be HIV-positive. The health centre therefore



extrapolates that the HIV infection rate in pregnant women is 5%. Since most women in Likasi give birth in health centres like this one, doctors estimate that this is a good indication of the HIV rate in Likasi's adult population.

This mining town may be on the decline, but it still attracts miners. Allured by the promise of riches, men come from all over the Democratic Republic of Congo and even from neighbouring Zambia. The border – and one of the highest HIV infection

rates in the world – is only 240 kilometres away.

Likasi is a stop-over for truck drivers on the Cape Town, South Africa, to Kolwezi, Katanga, route. Here, as elsewhere, prostitution is commonplace and risks of sexually transmitted infections are high. For pregnant women who are HIV-positive, the health centre follows the single-dose Nevirapine protocol, under which women receive the anti-retroviral during labor. Their newborns are also

given the medication in the form of drops within 72 hours of delivery. This reduces the chance of HIV transmission from mother to child as long as the breastfeeding instructions are followed correctly. In resource-poor settings, mothers are advised to give breast-milk, and only breast-milk, to their baby for the first six months. In Likasi, where mothers routinely breastfeed for a year and a half, this seems a bit strange. But a mother who stops breastfeeding after six months is not automatically stigmatized as an AIDS victim.

Some husbands get upset with their wives for undergoing a screening test. "Who said you could do that?" they ask angrily. According to Dr. Viviane Kalome, a local official with the Likasi Ministry of Health, they sometimes even threaten their spouses and health centre staff. "Even if he knows he was the one who infected his wife," she explains, "he doesn't want to be exposed." Sometimes it seems that fathers do not care to understand how to prevent HIV transmission, perhaps because talking about AIDS is still taboo.

On a football pitch, two teams, one in T-shirts, the other bare-chested, face off. Meanwhile, on a makeshift stage, actors present a skit in which parents send their children to work at a young age – a story that makes the audience roar.

It's a typical Sunday at the Youth Friendship Centre, and it's time for sport and for fun. But this Kapemba centre, in the suburbs of Lubumbashi, Katanga, does not focus solely on the lighter side. Its three staff employees and 12 community workers use the fun to tackle serious subjects such as HIV.

In this working-class neighbourhood, children become sexually active at a young age: girls at 12, boys at 16. And early pregnancies are common. But young people do not talk freely about sexuality, especially when it comes to health and sexually transmitted infections. The Swahili words for the sexual organs are considered taboo, nearly impossible to pronounce in public. Still, some teenagers are able to work up the nerve to ask questions about a “friend” in order to address topics that interest them without fear of reprisal.



Some of them do not believe that HIV exists. Community workers show them documentaries such as *L'épidémie de l'ombre* (The Epidemic in the Shadow) and *Le visage du sida* (The Face of AIDS), to show them how wrong they are.

Young people do not always tell their parents what they have heard at the Youth Friendship Centre – and vice versa. One of the doctors who stops by the centre, Dr. Léon Irund, has tried to get fathers to show a little initiative. “But, Doctor, you’re asking us to talk about it with our children, when we can’t even talk to our wives about it.”

Sometimes, however, parents’ reactions are more open. One day, a father confronted Serge Mulau, one of the centre’s educators, who had broached the topic of AIDS with young people, including the man’s 15-year old son. The father complained: “You should have talked to him about this much sooner!”

Sixteen-year-old Nyangi Ridja will never forget the first time she used a



megaphone to shout “AIDS kills” in the streets of Kisangani, Eastern Province. Today, the memory makes her laugh. But at the time, she was quaking in her boots. Her friends at the listening club, young people aged 10 to 17, were there to support her. And it went so well that her father congratulated her on her public spirit. “He’s happy because I’m helping people,” says Nyangi.

There are about 30 listening clubs in and around Kisangani. With UNICEF

support, young people give their time to promoting awareness among their peers. The main topics include HIV, other sexually transmitted infections and children’s rights. On the streets, in auditoriums, from house to house, these youths seem to be ever ready to deal with issues that concern adolescents, and no topic is more delicate and more pressing than AIDS.

These teenagers are in the perfect position to address tricky issues with

other youths. With them, girls and boys can say what is really on their minds. The listening club organizers have heard it all. "AIDS is a disease caused by witchcraft," Emmanuel Kashambala was told. "Prevention campaigns are an excuse to stop us from enjoying our youth," heard Christelle Molima, a listening club supervisor. "Condoms were invented by whites to decimate Africa's black population," Lady Yangotikala, supervisor of another club, once heard.

In the streets, they are confronted with yells of *Batu ya sida* ("AIDS people" in Swahili). Chuto Boika, another club supervisor, used to take offence, but not any more. "It helps us to get straight to the heart of the matter," he says.

As elsewhere in Africa, the prevention campaign is based on the ABC approach: Abstain, Be faithful, and use Condoms. But condoms are a sensitive subject. "It's hard to say the word 'condom' at home," admits Christelle Molima. "If a young person mentions them around his friends, they think he's a sex maniac."

But listening clubs broach the

subject nonetheless, even on the radio and on television. Using equipment provided by UNICEF, they also produce reports about the pandemic.

In Goma, the North Kivu capital, Germael Kitambala is a member of an association whose Swahili name is *Hange na sida* ("Beware of AIDS"). In the working-class neighbourhood of Birere where he lives, he wrote a rap song to alert young people to the danger of AIDS. The chorus says it all:

Abstinence
Prudence
Conscience
No nonsense
Fidelity
Sincerity
Dignity.