

EXPERIENCE ON THE FIGHT AGAINST AIDS: Burundi

PROJECT: SUPPORT TO THE PROMOTION OF THE RURAL WOMAN WITH REGARD TO THE RIGHTS IN REPRODUCTION HEALTH

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The project first started its activities in 1990, in only two provinces of our country. Burundi government through the Ministry in charge of social action and the women's promotion has initiated it. The government and the UNFPA fund it.

The project extended its activities to three other provinces later.

The main target population is made of rural women in reproduction age. The main objective of the project is to contribute to the improvement of the social and economic status of the rural women and the amelioration of the living conditions of their families, through their total involvement in income generating activities as well as IEC activities geared on reproduction health, particularly on family planning, AIDS and other STD, ante natal consultation, and giving birth in an assisted environment, post natal consultation, child immunisation, hygiene and nutrition.

THE PROJECT SPECIFIC OBJECTIVES ARE THE FOLLOWING:

- Contribute to capacity building within the project personnel as well as within partners.
- Sensitise the target population on the above mentioned themes, through the action of the leaders and the staff of the Family Development Centres.
- Ensure supervision and access to loan for women's associations.
- Ensure literacy to adults and through this very action, forward sensitising messages.

THE PROJECT STRATEGIES ARE THE FOLLOWING:

- Set up the project antennae: Family Development Centres.
- Set up community networks: women and community leaders.
- Train the Family Development Centres staff as well as the women and community leaders.
- Sensitise the authorities and other partners on the role and place of the woman in the society and on the purpose and objectives of the project.

The implementation of the object is carried out at two levels. On the one hand, there is a central team composed of a National Director (a woman), 3 national executive (2 women and 1 man) and a National Administrator of the project (a woman). On the other hand, there is on the field the Family Development centres are supervised by responsible aided by social assistants. They are all recruited according to their competence without considering their gender.

During the last two years, men have been included at the level of the community leaders(AC) following recommendations made by women beneficiaries of the project. Out of the 10 Acs per commune, 7 are women and 3 are men.

As far as registered results in the fight against AIDS are concerned, the target population is sensitised on the prevention. It knows and masters well the modes of infection, as the impact study conducted by our project in 1998 has demonstrated it. At the level caring about the patients, some associations for assistance to people infected by AIDS and orphans start to emerge.

The main hindrance to the fight against AIDS component of the project is the following:

- The fact that this very theme is discussed among many other themes on the reproduction health.
- The fact that the strategies undertaken by the project to sustain sensitisation, like support to production associations, literacy associations, are not supported by the UNFPA.

The obstacles related to the woman's condition and to the situation of crisis that prevails in Burundi, as well as the possible solutions are drawn from a study I conducted on 'the gender state and HIV/AIDS in Burundi'.

- Poverty that has been aggravated by war. Women accept unprotected sexual intercourse to gain money they would not have if they claimed the use of a condom from their sexual partners.
- The promiscuity in the camps for displaced, regrouped, returned and an important shortage of males. This situation entails de facto polygamy: a man can have sexual relations with several women in the same camp or in several camps. Those camps are, as everybody knows a consequence of the war that has destroyed almost every thing. That type of sexual behaviour is ironically qualified as an 'act of reconstructing what the war has destroyed' 'Gusanura ivyasambutse'.

The transmission of HIV/AIDS happens during confinement, delivery, and through breast-feeding. In my country Burundi, 20% of pregnant women in urban zones and 6% in rural zones are AIDS positive. The big majority of them discover they are infected during one of their antenatal consultation.

Presently, there is no specific care in order to avoid the child infection. However a pilot project on preventing the mother to child transmission has just started its activities in the Community Medicine Centre of Buyenzi. UNICEF funds it.

Transmission of HIV/AIDS from mother to child has become nowadays a public health problem. 300,000 pregnancies are expected every year in Burundi among which 60,000 pregnant women are infected by AIDS. The transmission rate from mother to child of AIDS in less developed countries varies between 30% and 40%. In Burundi, the number of children that might contract AIDS is estimated at 20,000 a year.

Specialists affirm that compared to men, women have a higher probability of being infected by HIV/AIDS during an unprotected sexual intercourse because of her anatomy. They add that this biologic vulnerability is particularly acute with adolescents whose genitals are not mature yet.

Economic, social and cultural factors aggravate that biologic vulnerability. The Burundi woman is under the authority of her husband who decides everything in the household. The woman is a production force but only man decides on the finality of the properties and other acquired richness. As far as the HIV/AIDS clinic care is considered, for instance, data from the PNLS (The national programme to combat AIDS) show that among 112 clients who have anti retroviral treatment, only 40 are women and the remaining 72 are man, which amounts respectively to 35.5% of women and 64.3% of men. To explain that situation, the responsible of the counselling and clinic care unit (a woman) speaks of the men's egoism. She says that: "Since those medicine are expensive, men say that the family cannot afford the treatment for two persons. In addition, women cannot decide to use part of the family budget to purchase those medicines. Even if the woman is ill, she must continue to fulfil all her household duties, take care of the children and the patients.

NEEDS/PRIORITIES FOR WOMEN AFFECTED OR INFECTED BY AIDS.

Needs are identical for women affected or infected by AIDS. All the interviewees cite poverty that affects mainly women, the lack of food and accommodation. This state of affairs push certain women to prostitution, while some others indulge themselves in alcoholism to drawn their worries. This contributes necessarily to the deterioration of their health.

Affected women, who must have their patients cured have no access to medicines because the later are too expensive. They must also stay near the

patients who are often capricious and have therefore no time to attend to the usual activities. Discouraged by the length of the illness and the lack of means to take care of their patients, they often abandon them.

The biggest problem encountered by the infected people and all other HIV/AIDS patients is the fact that their family and the society reject them. They are isolated when they mostly need moral and material support. This situation is frequent in the urban area whereas in the rural milieu the community demonstrates solidarity to the patients. According to the responsible of SWAA Ruyigi antenna, it happens that landlords reduce the rent to enable the infected woman to have lodging whereas in Bujumbura, the trend is to increase the rent to an amount the infected woman cannot afford and therefore push her to leave the house. Infected women ascertain that it is even difficult for an infected woman to sell fruits or scones in front of her house to get some money like other city women since no one will buy at her place simply because she has AIDS.

A need that concerns more the infected and affected women than men is the children's education. Those women have enormous difficulty to take care of their children's education because they cannot easily find a paying job.

SOME TESTIMONIES FROM INFECTED AND/OR AFFECTED PERSONS, DRAWN FROM THE ABOVE CITED STUDY ON GENDER AND HIV/AIDS IN BURUNDI.

ANECDOTES

First testimony

I am a widow, I am 29, I live alone with my 3-year-old daughter and have no one to assist me because all my family has been slaughtered by the crisis. My biggest problem is that I cannot pay my rentals. If I could get a small loan to start a small business (selling peanuts, scones, and vegetables...), I could earn a little money and look after myself. Since I have no income I beg. I am very poor. Even my child quitted school because I am unable to pay school fees and school material. I cannot prostitute myself to survive because I have no force for that and above all I know prostitution is the favoured way of AIDS transmission.

I sell the food aid that I get from ANSS to ensure the survival of my child and mine alike. With the money I get from this sale, I prefer to pay the rent than eat and that is why my body remains weak.

When I heard I was ill, I went to confide it to a physician who counselled me. I try to follow his counsels. I gave up prostitution and do no tiring activities for

example. I pray a lot to bear my suffering. When I heard of ANSS, I went there. They give me food and take care of me by giving me medicines. I eat for free at ANSS once a week and the members of the association go to visit patients in hospital. I am satisfied with the aid I get from ANSS because there is no other choice for me. ANSS promised to give us loans and we are still waiting.

Second testimony

I am a widow, I have 10 children and 3 orphans because of AIDS (My nephews and nieces) whom I take care of. I am a schoolteacher but my salary does not suffice to handle all the charges. I am often unable to pay the rent. I am poor. These orphans misbehave but I am obliged to keep them and they share the same room with my children. I have not enough food to feed them while they must eat a lot as adolescents. I have difficulties to pay school fees and material for those children. I was obliged to contract a loan to pay the school fees his year but will it be possible next year? I have always wondered if there exists an office in charge of widows and orphans because of AIDS, but I have not found it so far. I know there exists associations to take care of AIDS orphans, but there are none that assist women who are infected by HIV/AIDS. When one of these orphans is ill, those associations give medicine and food for that very one but nothing for the rest of the family.

Third testimony.

I live at Buterere. I was married and had 5 children, the sixth died. My husband was ill then after and after 3 only he was dead.

From then my health was fragile, and I went to Prince Regent Charles Hospital for tests in 1989; They told me I had AIDS but I did not believe them. In 1990, I took another HIV/AIDS test and again it was positive. They gave me then a letter to take to WAA. When I got there, they welcomed me and asked me if I had problems. I told them I am a widow, have children and that I am often ill. They gave me counsels and moral support. I started then to assist to information and prayer sessions once a week at SWAA. I have just completed 10 years with the HIV/AIDS and I have morale. SWAA helps us tremendously, but we have problems because of famine, and WFP gives so little. I would not say that all women who are infected by AIDS live in the same conditions: there are some that are more destitute than others.

The relationships with my in-laws are not good: I asked them to take their son's children but they refused. As far as my family is concerned, I told my mother I have HIV/AIDS and that I await death. Her reaction has been to give me back one of my children who was staying with her telling me to have all my children

tested. Even my brothers, I think my mother told them everything, we have severed all that linked us.

I sell scones and tomatoes in my home but my neighbours do not buy any more, they believe there is HIV/AIDS on them.

You see, even the administration does nothing to inform the population on the modes of transmission.

Fourth testimony

I first had tuberculosis, I was treated and recovered. After 6 months I got pregnant, I delivered, and soon after I was ill again. I went to have a test and I realised I had HIV/AIDS; At Prince Regent Charles Hospital, they gave me a paper for SWAA. My problems, I am a widow, I have nothing to eat, I have no income generating activity and what SWAA gives is not enough for my children and myself. I live with my brothers. They ask me to contribute to the rent but it is not possible for me, and they are threatening me oust me from the house. They know nothing about my infection, and I do not know what would be their reaction if they knew.

Fifth testimony

My name is Divine NDORICIMPA. I am a member of SWAA because I am committed to the women's promotion. To become a member of SWAA, I first went to have a test and I realised I was infected, then I came.

You want me to give you a testimony?

Well, I have already done it through the radio.

I went to school up to the 10th form (4th year of secondary education), then my parents had me married to a man older than I was. I had my first baby, but we had conflicts my husband and I. Even though I had a second baby, but things were getting worse in my household so I decided to go back home. My parents were furious telling me it was dishonour and asked me to go back immediately to my husband. I came down to Bujumbura then where I told people I was a baby sitter. My bosses were so happy with me that that found me a husband in Kinama. I had no children with that man and he asked me to allow him to make them elsewhere. I accepted but I was unable to cope with that new situation. We divorced. I went to leave in Nyakabiga, but it was during a difficult period characterised by killings and rape, and I was afraid of living by my own. I found then a young man, really young, younger than me and he accepted to live with me. Shortly after, he fell ill, I assisted him a lot and before he died, he told me he had AIDS.

Today I give testimonies, my parents should know what I am undergoing. But the fact of assuming my infection has nasty consequences on my every day life: I must be careful because some infected persons are against me. They have chased me from the place I used to live and I have no lodging, I wanted to sleep in the church and they have chased me. Presently, I go to the hospital and I tell the night watchers that I have a patient to attend to and I can sleep in the hospital. I beg the public authorities to protect us, we that have the courage to say overtly that we are infected by AIDS, because we are not negative. Those who keep quiet rather are naughty.

Sixth testimony (given by a young girl whose mother died of AIDS)

I live at Nyakabiga, my mother was a member of SWAA, now SWAA assists us, I come regularly to take food supplied by WFP because we are orphans. I rank 4th in my family behind 3 boys. I saw my mother fail but she would not tell me. But I was worried, and I pestered her asking her why she went regularly to SWAA, since I knew people infected with AIDS went there. In the end, she admitted she was infected by AIDS and that she had been contaminated by my father who had died himself of it. She recommended me to try to cope with the situation and to face it with serenity. I assisted her until she died being the eldest among girls in the family.

SOME OF THE RECOMMENDATIONS VOICED BY WOMEN COULD CONTRIBUTE TO THE COMBAT AGAINST HIV/AIDS.

To the Government

- The Government should reinforce the police in charge of the minor to monitor community morals and fight against the corruption of the minors.
- The Government should avail accrued means to the Ministry in charge of the destitute to enable it to take care of the destitute widows who take care of a lot of people among whom orphans because of AIDS.
- The PNL (The national programme to combat AIDS) should effectively play its leadership role in co-ordinating and giving orientations to the different partners.
- Train the personnel engaged in the combat against AIDS; supervise it and motivate it.
- Create a mutual aid fund within every Ministry and enterprise to take care of the persons affected or infected by AIDS.
- Create homes for the patients affected by AIDS and the most destitute.

To NGOs/Associations

Associations and NGOs should give small loans for persons who are affected or infected to enable them to undertake income-generating activities in order to take care of themselves.

There should be a structure which would take care of the rent for the patients and which would give them food regularly.

To the community

- The community should support the AIDS patients instead of rejecting them.
- Every person should contribute to the care of the PVVS as it has been done to cope with the war during the last three years.
- Men should be more active and engaged in the fight against the HIV by a responsible behaviour since they are the very persons who induce women and adolescents in close relations.
- Parents are invited to give to their children, girls in particular counsels, about decent clothing because at times they misbehave and wear 'seductive' clothes.
- The people involved in the programme should take care not only of the orphans of AIDS but also of the widows who are obliged to look after them without any means at all.
- Affected women should be given small loans to undertake income-generating activities. This will allow them to get money to get the patients treated, pay the rentals and the children school fees.
- Sensitise infected women and men in particular in order to lead them to attend activities carried out by centres that are involved in the combat against AIDS.