**RETURN OF THE GUINEA WORM**

*By Annastazia Ndlovu, Zimbabwe*

Wanted to tie the love of your life to your side forever? Look no further than *umuthi*, magical herbs better known as love potions all over the world. Expect a tough time of it, though. Not only are there doubts that they really exist, but they can also hasten the end of a relationship.

Take the case of Barbara Rusere. Married to a Zimbabwe Electricity Supply Authority manager, she reportedly wrapped his underwear in umuthi and placed it in the glove compartment of her car. The couple had been together for 12 years and was going through a rough patch, no longer sharing the same bedroom. Her husband, Raphael, told Harare Magistrate Sithengisiwe Ndlovu that he found his underwear in umuthi and placed it in the glove compartment of her car. He confronted her and she denied that they belonged to him. Rusere turned violent and struck her with a stone, hurting her left ankle.

The magistrate would hear CONTINUED ON PAGE 16

---

**SEX-FOR-MAIZE SCANDAL ROCKS TANZANIAN VILLAGE**

*By Sakina Zainul Datoo, Tanzania*

**EXTREME** hunger has forced Chilungulu village girls in Rural Dodoma to sell their bodies in exchange for maize. Girls as young as 14, some still in school, go without food sometimes for five days in a row.

In such circumstances, villagers told *Africa Woman*, concerns about morality and even the threat of HIV/AIDS take back seat.

It is common practice for girls from villages in the neighbourhood of Makatopora JKT Camp to sell charcoal to the soldiers; it is also just as common for the soldiers to offer free food to those who agree to have sex with them.

Says Ester Mchiwa, a mother of five, including teenaged girls: “What do you expect? A girl who has not eaten for days and knows of the extreme situation back home cannot refuse. She is only thinking of her survival.”

Selina Mlewa, mother of two girls and three boys, told *Africa Woman*：“We try to tell our daughters not to succumb to such invitations, but the situation is very tough. Many girls are thinking of their own benefits, so

After years of hard work, the Guinea worm has defied all odds and re-emerged in Ghana, which now ranks second only to the Sudan in recorded cases. The resurgence of the disease, especially in the northern parts of the country, can only worsen the plight of women. See story on page 14

---

**PROSTITUTION IN KENYA SPECIAL REPORT – PAGES 6 & 7**

---

**IT’S NO WAY TO REWARD WOMEN IN POLITICS**

*By Eunice Menka, Ghana*

**ELECTIONS** are in the air in Ghana, Namibia, South Africa, Malawi and Botswana. Can we expect changes in women’s representation? Not if you go by statistics. It appears African leaders have simply paid lip service to women as a means to get power.

Under the Jerry Rawlings administration in 1997, Ghana had six female ministers out of 37, four deputy ministers out of 34 and 19 women MPs out of 200. Very little has changed since. The number of women MPs is 18 out 200 in the Kufuor administration, which took over in 2000. There were 10 women out of 71 ministers of state in the Rawlings administration. Kufuor has 11 women ministers out of 81.

Women who want to make it to the top face many obstacles. Parliament must struggle for a foothold, even in the primaries. “Some of the constituencies are hostile to women being elected as MPs or entering the political race because of cultural perceptions of women in the communities,” says Rojo Mettle-Nunoo of the National Democratic Congress, the party Rawlings formed after Ghana did away with military rule.

The NDC has a clear policy to appoint more women as ministers of state, chief executives of organisation, ambassadors, district chief executives and other positions of authority when we come into power, adds Mettle-Nunoo, who is quick to add that this is not just political talk.

Where women are represented in politics in significant numbers and work in enabling environments, they make a marked difference.

---

**INSIDE**

**A female president in our times?**
- Page 4

**Skimpy clothes raise furore on campus**
- Page 8

**Maternity laws haunt women**
- Page 11

---

**FIND US ON THE WEB AT: WWW.AFRICAWOMAN.NET**
Leave our skirts out of it

W hen a rumour started recently in Nairobi that women had only three months to throw their trousers and mini-skirts out of their wardrobes, the response from men taking part in radio call-ins was, to say the least, surprising.

Surprising because the idea of women in trousers is as much a foregone conclusion as the fact that girls will go to school and stay there until they get a meaningful qualification. This is the land in which the pol-

Ice force has kicked out its women in trousers. The First Lady is particu-

larly fond of trousers, even wearing one to last year’s wedding of her husband’s vice-president.

Yet some of the men were threatening to strip women in the streets and offices because wearing trousers and mini-skirts was “unfair” to men.

It could have been the spirit of the times. As you will find out from our reports from Malawi and Nigeria, there are many people who are ob-

seeded to, or even choose to wear. For them, it is as if the devil has set up camp in women’s wardrobes.

They keep referring to African culture and the high morals that com-

munities on the continent have. Strange, when many African commu-
nities began to wear clothes just within the last century. Skins and plenty of bare skin were the norm. Mothers and sons faced each other in them, as did fathers and daughters. There is no evidence that rape and incest were higher then than now.

Indeed, there are still many communities that think nothing of bare

breasts and misincale loin clothes just covering the essentials. You only have to see the reed dance put up annually for the benefit of King Mswati of Swaziland to see just how skewed the debate about women’s dress is.

Women just cannot win this war. France is busy talking the language of democracy but African women do not wear the veil in public places. They are so jaded there that they cannot live with this frontal evidence of religion.

This is not the first time that the debate on a dress code for women has come up in the world. In 2002, the highest-ranking female fighter pilot, Lieutenant-Colonel Martha McSally, said the United States military over a requirement that women wear the Muslim Abaya while working in Saudi Arabia. It offended her Christian sensitivities and violated her con-

stitutional rights as a woman, she argued. She won hands down.

Whatever the excuse, we tread on dangerous ground when we allow hordes in the streets to grab every woman they consider inappropriately dressed. As Kenya’s first attorney-general responded when asked in par-

liament to declare a ban on short skirts, “Look the other way”.

The trouble with these matters is that one person’s meat is another’s poison. Where do we draw the line when it comes to “suitable” dressing? And why should the power to decide this lie with a total stranger in the streets?

There is no doubt at all in our minds that women must reserve the right to decide what to wear and enjoy the full freedom to do so. This is the stuff of which human rights is made.

Still, it is only wise sometimes to stick to the rules. If your college de-

mands that women within a set dress code, it would be foolishly to break the rules just to make a point — especially when it is part of the rules and regulations that you signed at the beginning of the course.

Sometimes being appropriately dressed is simply a matter of common sense. Just as people would raise their eyebrows if you turned up in heavy jackets and boots on the beach, they would be forgiven to think there was something amiss if you wore something reminiscent of a biki-

ni set or gauzy evening gown to the office.

No one has the right to strip women dressed in clothes they do not like, but it is also just a matter of self-respect and good taste to dress ac-

cording to the demands of the place and ceremony.

Sex-for-maize scandal rocks Tanzanian village

From Page 1 they don’t listen. We are forced to send our girls there to sell their bodies and we get money to buy food. We know of Aids and other diseases, but what to do?

Esther Makasi, aged 18, says many of her friends are involved in the trade but she has not succumbed yet: she is being obedient to her mother. “Every young girls, as young as 14, run away from school and go to Makutopora because they know there is food there,” she says. “They don’t tell their parents.”

Famine stalks the land, mostly the rural areas, due to drought that has affected the harvest since August last year. The situation worsened last November, when reserves depleted. Since late January, the sit-

uation in many villages has become critical, with some villages declaring deaths due to starvation.

Dodoma is particularly prone to famine. The land is not ideal for food crops. The main cash crop in the area is grapes, whose market is presently dimin-

ished due to closure of the local parastatal winery a few years ago. Kenya is the main, but limited market for Dodoma grapes now. Other cash crops cultivat-

ed in small quantities include gynetrum, sim sim, peanuts and groundnuts while millet, cassava and maize are grown as food crops.

Says Dodoma-based journalist Susuma Susuma: “The problem with people in Dodoma is that they are lazy and don’t use their land for their own use. The majority will work for a tycoon, cultivating crops for him for small pay. That is why if a natural disaster strikes, they are hit the most as they don’t have any reserves or their own farms to sustain them.”

People have already started eating wild insects harvested from bark trees in Karlova division. The executive director of Kondoa District Council, Fred Masele, confirmed that he had witnessed people eating the insects.

In Singda Rural, meanwhile, three children have been reported to have died after their mother fed them the family poisonous wild plants. The family with five children had not eaten for five days and, following what has become common practice, the mother boiled the only leaves she could find and fed her chil-

dren. The two children who survived have been ad-

mitted at the hospital in Ilambo division. Fred Masele, confirmed that he had witnessed people eat-

ing the insects.

In Singda Rural, meanwhile, three children have been reported to have died after their mother fed them the family poisonous wild plants. The family with five children had not eaten for five days and, following what has become common practice, the mother boiled the only leaves she could find and fed her chil-

dren. The two children who survived have been ad-

mitted at the hospital in Ilambo division. Fred Masele, confirmed that he had witnessed people eat-

ing the insects.

In Singda Rural, meanwhile, three children have been reported to have died after their mother fed them the family poisonous wild plants. The family with five children had not eaten for five days and, following what has become common practice, the mother boiled the only leaves she could find and fed her chil-

dren. The two children who survived have been ad-

mitted at the hospital in Ilambo division. Fred Masele, confirmed that he had witnessed people eat-

ing the insects.

In Singda Rural, meanwhile, three children have been reported to have died after their mother fed them the family poisonous wild plants. The family with five children had not eaten for five days and, following what has become common practice, the mother boiled the only leaves she could find and fed her chil-

dren. The two children who survived have been ad-

mitted at the hospital in Ilambo division. Fred Masele, confirmed that he had witnessed people eat-

ing the insects.

In Singda Rural, meanwhile, three children have been reported to have died after their mother fed them the family poisonous wild plants. The family with five children had not eaten for five days and, following what has become common practice, the mother boiled the only leaves she could find and fed her chil-

dren. The two children who survived have been ad-

mitted at the hospital in Ilambo division. Fred Masele, confirmed that he had witnessed people eat-

ing the insects.

In Singda Rural, meanwhile, three children have been reported to have died after their mother fed them the family poisonous wild plants. The family with five children had not eaten for five days and, following what has become common practice, the mother boiled the only leaves she could find and fed her chil-

dren. The two children who survived have been ad-

mitted at the hospital in Ilambo division. Fred Masele, confirmed that he had witnessed people eat-

ing the insects.

In Singda Rural, meanwhile, three children have been reported to have died after their mother fed them the family poisonous wild plants. The family with five children had not eaten for five days and, following what has become common practice, the mother boiled the only leaves she could find and fed her chil-

dren. The two children who survived have been ad-

mitted at the hospital in Ilambo division. Fred Masele, confirmed that he had witnessed people eat-

ing the insects.

In Singda Rural, meanwhile, three children have been reported to have died after their mother fed them the family poisonous wild plants. The family with five children had not eaten for five days and, following what has become common practice, the mother boiled the only leaves she could find and fed her chil-

dren. The two children who survived have been ad-

mitted at the hospital in Ilambo division. Fred Masele, confirmed that he had witnessed people eat-

ing the insects.

In Singda Rural, meanwhile, three children have been reported to have died after their mother fed them the family poisonous wild plants. The family with five children had not eaten for five days and, following what has become common practice, the mother boiled the only leaves she could find and fed her chil-

dren. The two children who survived have been ad-

mitted at the hospital in Ilambo division. Fred Masele, confirmed that he had witnessed people eat-

ing the insects.

In Singda Rural, meanwhile, three children have been reported to have died after their mother fed them the family poisonous wild plants. The family with five children had not eaten for five days and, following what has become common practice, the mother boiled the only leaves she could find and fed her chil-

dren. The two children who survived have been ad-

mitted at the hospital in Ilambo division. Fred Masele, confirmed that he had witnessed people eat-

ing the insects.

In Singda Rural, meanwhile, three children have been reported to have died after their mother fed them the family poisonous wild plants. The family with five children had not eaten for five days and, following what has become common practice, the mother boiled the only leaves she could find and fed her chil-

dren. The two children who survived have been ad-

mitted at the hospital in Ilambo division. Fred Masele, confirmed that he had witnessed people eat-

ing the insects.
By Nabusayi L. Wamboka, Uganda

Her name is Upenzi. It means “love” in Kiswahili. If there is anything that seven-year-old Upenzi needs, it is love. Just a few months ago, no one imagined she would recover from the trauma of watching her mother die.

Following a tribal fight between the Lendu and Hema in eastern Democratic Republic of Congo last May, Upenzi’s mother fled with her daughter in search of refuge. Her husband, Masereka Yusuf, was killed in their first attempt to escape. When he first arrived here, we did not think he would survive.”

Yusuf. “They left him for dead but he managed to escape. When he first arrived here, we did not think he would survive.”

Upenzi is the youngest of 16 children who made their way to the centre. A 14-year-old boy bears machete scars across his head because the bullet ripped it apart.

“She has not uttered a word since she arrived in Rukokyi, where the children are staying. The same bullet ripped through her hand because the bullet ripped it apart.”

“The same bullet ripped through her hand because the bullet ripped it apart.”

According to the International Committee of the Red Cross, children comprise three-quarters of the victims of landmines in northern Uganda. The total number of landmine casualties in Uganda remains unclear, however, as there is no comprehensive data collection system. Some information on landmine casualties is available as part of general hospital records. Between 1991 and March 2001, 602 landmine casualties were reported in Uganda. In 2001, Uganda received Sh360 million (US$217,800) from the government of Canada’s development agency for an integrated mine risk education and victim support programme, mainly for northern Uganda. Funds were provided through Canadian Physicians for Aid and Relief for 18 months. In February 2002, the Canadian government announced a donation of $465,000 for ongoing landmine work in northern Uganda. As detailed in Landmine Monitor Report 2001, the Mine Advisory Group (MAG) carried out an assessment in May 2001, finding some mined areas in northern and western Uganda but noting that “the problem is not acute, but is causing deaths and injuries in these areas”.

The assessment has not led to any major changes, but has spurred more funding for non-governmental organisation mine risk education and support programmes, which had stopped due to lack of funding. The Uganda People’s Defence Forces is reported to have acquired new mine clearance and detection equipment, including “chubbies or mine breachers for detecting landmines” – a likely reference to the South African “Chubby” mine clearance and detection machine. The military displayed these during the 16th Anniversary of National Resistance Movement celebrations on January 26, 2002.
A female president in our times?

‘Some women have described the role of women in politics as insignificant’

By Diana Nkhulembe, Malawi

VERA CHIRWA is an academician, human rights activist and lawyer. If she has her way, she will crown her long list of achievements by becoming president of Malawi.

So determined is she that when she could find no party to back her presidential bid in the May 18 poll, Chirwa declared that she would go it alone. It is the very first time that a woman has sought the highest office in the land.

It is a long shot in a country that has only 17 female MPs out of 193. Only eight women are ministers. Women comprise 52 percent of Malawi’s population. But she would be ill advised to bank on drawing her support from this pool. The public has received Chirwa’s candidacy with mixed feelings. She appears to have support among the intellectuals who think it is about time women came out of the kitchen and played a leading role in governance.

But the average Malawian rates her chances of winning the presidency as very slim, considering that she is 71 and has not been active in politics over the past 20 years. At a meeting held on January 23, in the capital, Lilongwe, eight opposition parties that want to form a united front against incumbent Bakili Muluzi, rejected Chirwa’s nomination unanimously. Allowing her to contest would create a situation where anyone could come in and contest without representing any party, they said.

Billy Gama, spokesperson for the facilitating committee for the coalition, said it would bring together political parties and not individuals.

Chirwa wrote the facilitators to consider her as a presidential candidate, but says she has not received any official communication. Chirwa’s credentials are impressive. She holds a masters degree in law and has won several international awards for her human rights work and appears in the world as ‘Who is Who’. She was voted Malawi’s woman of the year for 2003 and in 1998 won the Geuzen Hero’s Medalion in the Netherlands.

Chirwa, the first woman barrister in East, Central and Southern Africa, was also commissioner of the presidential commission of inquiry on land policy reform and a board member of Women in Law in Southern Africa. In 1992, she received an award for distinguished achievement and for being an inspiration to women lawyers in Malawi.

She serves as commissioner on the African Union’s African Commission on Human and People’s Rights and is a special rapporteur on prisons and conditions of detention in Africa.

Chirwa is also the coordinator of the Southern Africa Peace Women’s Commission on Human and People’s Rights and is a special rapporteur on conditions of detention in Africa. She has also received crucial support from women’s non-governmental organisations, including Women’s Voice. Director Maloko Chirwa says her organisation will be backing the woman whose achievements have put Malawi “on the world map”.

Says an indignant Chirwa: “Some critics have described the role of women in politics as insignificant, and have said that they cannot hold a high public office like that of the president.”

Yet others argue that Vera Chirwa is better known in the context of human rights and this will likely hurt her chances in the political arena. She was imprisoned for 12 years by the Kamuzu Banda regime. Her husband, Orton, died in custody in Zomba in 1992.

“She should have identified herself with a political party when she came out of prison and played an active role in trying to sell herself. Many people know her as a human rights activist and not as a politician. It is difficult to raise her profile in less than four months to the elections,” said a University of Malawi don.

Joel Phiri suggests that Malawians might also be reluctant to support Chirwa because they would not want to be associated with failure. He argues that Chirwa has not done enough leg work – the election being only three months or so away.

Chirwa is not alone in her attempt: in Benin, Marie-Elise Akouavi Gbedo, a lawyer and divorced mother of two, is the only woman among 17 presidential contenders. She is the first woman presidential candidate in West Africa and it is not plain sailing for her either.

The first Ghanaian woman to contest her party’s 1996 primaries as a presidential candidate was considered to have gone “crazy”, even by her fellow women, but she was able to beat at least two male contestants out of six.

In the United States of America, a White House Project started by MS Foundation President Marie Wilson is seeking to build the political climate necessary to elect a woman president by the year 2008. The project publicises the names of 20 accomplished women, and will eventually campaign for five.

Whatever comes of Chirwa’s campaign, political analysts reckon that she will have laid the groundwork for the drive to raise the level of women’s representation in parliament to 30 percent.
Women and power go well together

They should get involved in business, education and politics early, advises activist

From Page 1

ience to governance, says a study by Gender Links of South Africa. In a study released last December, the organisation says women's equal participation in decision-making is not just a democratic right but it is critical to more accountable, transparent and responsive governance. The study was based on interviews with 172 politicians in six Southern African countries.

In 1997, heads of state of the 14 Southern African Development Community countries signed a Gender and Development Declaration in which they pledged to achieve 30 percent representation of women in decision-making by 2004.

Only South Africa and Mozambique have reached this target so far. Three countries will not have elections again until after 2005. But none of the countries have elections between now and the end of 2005.

Nilto Motsamai, Speaker of the Lesotho National Assembly and chairperson of the SADC Parliamentary Forum has called on the leadership of political parties in the region to adopt policy initiatives aimed at ensuring more women seek election in the forthcoming polls in South Africa, Malawi and Botswana.

The Ghanaian government has approved 40 percent representation of women at all levels of decision-making. But local women have yet to be equally represented in primary areas of decision-making such as in governance.

Some analysts link women's poor standing in society with their absence in political and economic power. December, a petty trader in Kpong, in the Volta region of Ghana, was sentenced to 10 years in jail for procuring an illegal abortion.

The woman, a single parent, already had three other children. Demonstrations by a section of Ghanaian women during the latter part of 2003 over the murders of 34 women have yet to yield any prosecutions. These gruesome murders have now been politicised as former president Rawlings points accusing fingers at top ministers in the Kufuor administration as being responsible for the deaths of these women killed towards the end of his government.

Until women are empowered and well represented in all areas of government, they will continue to be powerless against such brutality; they will continue to face discrimination as leaders continue to pay lip service to convention after convention directed at enhancing the rights of women.

SADC women have made some gains: at last December's SADC Parliamentary Forum Plenary Assembly held in Lesotho, several women were elected chairpersons of standing committees of the forum, which is soon to be transformed into a regional parliament to complement the work of the African Union Parliament.

They included Zambian MP Edith Nawakwi, who is chairperson for the standing committee on regional integration, and South African Lulama Xingwana, chair of the standing committee on the regional women's parliamentary caucus.

Already, there are indications that civil society groups are gearing up to push the empowerment of women further during this year's elections.

The British High Commission and the Department for International Development (DFID) are jointly providing $90,000 pula to the Botswana Caucus for Women in Politics to support training to encourage more women to take a role in all forms of government.

The Friedrich Ebert Foundation has developed a training of trainers' programme and sought support from co-operating partners to cover the costs of a series of national workshops – at which the trainers intend to identify and train women parliamentarians and local authority candidates. These candidates will then be prepared for primary elections in the 57 constituencies and subsequent council elections.

In South Africa, which has achieved critical mass representation, women were drawn together before the first democratic elections in 1994 by the Women's National Coalition, which drafted the Women's Charter for Effective Equality.

Out of 490 politicians elected to the National Assembly and Senate (now National Council of Provinces) in April 1994, 117 were women — 108 in the National Assembly and eight in the Senate – a far cry from the apartheid government's 2.8 percent parliamentary representation of women.

Today, South Africa has 33 percent women parliamentarians and holds the distinction of being one of the countries in the world with the highest numbers of female MPs.

It is about time that women played a more assertive role in determining their right to participate in government and in political power. Power will not be delivered to them on a silver platter. They must make the demand if they are to get anywhere.

Ghana's Haya Yakubu, MP for Bawku Central, appears bent on pushing the women's agenda further: she is one of the few women represented on the Economic Commission for West African States Parliament.

Ghana's 2004 elections is a straight fight between Rawlings' NDC and Kufuor's New Patriotic Party. Local gender activists are not sleeping. They have put together a Women's Manifesto that they hope to push down the throats of political parties. The elections will no doubt be exciting. The real challenge, however, is how to translate into reality what is on paper.
Caught in a bind

Kenyans find themselves face to face with a dilemma over commercial sex: should it be legal or condemned out of hand?

By Mildred Barasa, Kenya

The oldest profession in the world has just become the latest bone of contention in Kenya, following a number of swoops on women in the streets. Arrests and jailing of commercial sex workers is nothing new here. The buzz is about prominent people in government reportedly being caught red-handed picking up women in the now infamous Koinange Street cutting right across the central business district in Nairobi.

According to local media reports, politicians and prominent businessmen were among those netted in the December raid that also netted 102 women. Fifty eight were said to be students at the University of Nairobi and diploma colleges.

Commercial sex work is illegal in Kenya and some of those arrested were as young as 12. The men got off scot-free while the women were hauled to court and fined or sent to jail.

But while the arrests have generated enough controversy in themselves, some Kenyans now suggest that commercial sex work be made legal. It is a case of “If you can’t beat them, join them”, they argue.

Among those who back the validation of the trade is MP Nick Salat, who argues that commercial sex work is here to stay and should simply be regulated. Commercial sex work should be seen as any other trade that can benefit people and not necessarily ruin them, he says.

“The government should work towards regularising the trade, like any other being carried out in Kenya,” he says. “This is the most ancient business and it cannot be done away with. Some countries have legalised the business, why shouldn’t we as a country do it?"

Critics argue that this would be tantamount to throwing morals to the dogs, but the MP reckons it is a personal matter and individuals should be left to choose whether or not to engage in it. “If a person is Christian, Muslim or whatever religion, they know where to go and what to do according to their religious beliefs. They should not be told what to do.”

Speaking strictly in business terms, he adds: “If it is regulated, the people involved in it will have frequent check-ups and will operate in a controlled environment, thus making sure they are healthy. It is one way of working towards eradicating HIV/AIDS rather than spreading it.”

But Nominated MP Julia Ojiambo is scandalised that anyone should even think of legalising commercial sex work. “Why should we allow it? Our daughters should have a good life, not legalised prostitution.”

Like many others in a society that some describe as ultra-conservative, she believes that commercial sex dehumanises women and propagates sexually transmitted infections. If working in certain areas will expose Kenyans to a high risk of infection and death, then the government has no business legalising it. “Some people think it is a pleasure to venture into such activities. But there should be better ways of earning a living,” she adds.

MPs chair their constituency Aids control committees, and a cross section of Kenyans argue that they must behave like role models if they are to be taken seriously. Being found in compromising situations is unlikely to help the cause.

Thailand is one of the few countries that have turned commercial sex into an “honourable” business. The trade reportedly injects three percent into that country’s Gross Domestic Product.

But some have argued that, given the moral implications of commercial sex work, it is highly unlikely that it can be regulated effectively.

Any talk of regulation raises the spectre of increasingly jobless young people venturing into the high risk business of commercial sex – and it is enough to send shivers down the spines of many parents here.

It is bad enough that young women aged 15 to 19 appear to be hardest hit in terms of new infections, probably because of high levels school dropout and the subsequent poverty. But local people argue for “gainful” employment and income-generating opportunities — which may be harder to start out with, but will eventually be easier on body and soul.

"Why should we allow it? Our daughters should have a good life, not legalised prostitution."
It’s a question of supply and demand

This commentary was initially presented for publication in the Daily Nation, in response to a crackdown on commercial sex workers in Nairobi last December. It could not be published, however, after a gag order slapped on the Nation Media Group by the courts barring the newspaper from reporting anything to do with the scandal in which prominent politicians were said to have been released after being arrested along with 102 women.

Since AfricaWoman was not one of the publications ordered to keep off the subject, we take this opportunity to carry it as it would have appeared in the Nation.

By Lucy Oriang’, Kenya

T here’s a stanza of our national anthem that resonates in my mind this week. Part of it goes: “...Justice be our shield and defender....”

Nowhere in that anthem does it say that justice is divisible. Nowhere does it say that some are more entitled to it than others. There were no degrees of justice mentioned at all when we put words to the traditional Pokomo lullaby that ended up as Kenya’s signature tune. We simply wanted a fair and just society, period.

And yet independent Kenya has had great difficulty dispensing justice – whether politically, economically, legally or socially. Nowhere are the disparities felt more acutely than when it comes to men and women.

After this past week, we are in no doubt whatsoever that, even in matters below the belt, there is one set of rules for men and another for women. The effects of these double standards have been felt deep and wide, and in all the wrong places.

It’s been a rude awakening for some. It’s one thing knowing about the night life on the streets and shabby little joints that we take for granted by day and another to have it thrust into our faces so graphically.

Yet the lasting message that has been sent out is this: men may prowl the streets in search of what one colleague describes, in a rather old fashioned way, as “sexual gratification” and get away with it. Women go into the business knowing that they are not only put to it than others. There were no

Prostitution may be as old as time, but it has involved as much as the men who have solicited their services.

As long as the demand exists, they will turn tricks on the streets and in brothels. And then head back to the streets for more of the same.

There are many shades of grey in between. Commercial sex is booming business worldwide. During certain seasons, women and girls from as far afield as Kenya must look deep into itself in search of values, these women have been reduced to mere objects. They are only the supply end of things.

The women arrested in police sweeps often have no means to hire lawyers. They are given no time to call news conferences or get court injunctions like the men involved in this latest ignominy. The women and girls simply pay the fines slapped on them or serve the alternative jail terms.

When we lay the blame solely on women and girls – in practice, if not in law – is it to say that men are so easily enticed to such a venture that they have only to see a skirt strutting down the street to drop all pretense at rational behaviour?

Presumably, there has been little interest in putting a human face to the women involved as much as the men who have solicited their services. Hundreds of women have coalesced into one faceless and nameless body labelled “hooker”. They have no feelings, no history and no future.

It is just business, no offence meant. In fact, it is to say that men are so desperate the circumstances.

Whatever way you look at it, commercial sex is fuelled and driven by men. Police Commissioner Edwin Nyasae and his men in blue can round up as many women and girls as they wish. But as long as they do not sweep the male prostitutes who pull the strings in this business, they will be wasting our time and theirs.

"There has been little interest in putting a human face to the women involved as much as the men who have solicited their services"
By Diana Nkhulembe, Malawi

POLITICS OF STYLE: Most countries in Africa are short of enforcing a law on dress code

The high cost of keeping up with fashion

By Diana Nkhulembe, Malawi

WITH the advent of multi-party politics in 1994, Malawian women achieved more than just the freedom to speak their minds. They could dress in whatever manner they chose – something they could only dream of during the 30-year reign of founding president Hastings Kamuzu Banda.

Thanks to the new political dispensation, women could keep up with fashion trends they admired on television. Trousers, short skirts, high slits and figure hugging clothes became the in-thing.

A decade after, and with the Decency in Dress Act well and truly out of the statutes, the freedom to dress as they wish is being interfered with from the most unexpected quarters. Street vendors and minibus touts in Blantyre, Mzuzu and the capital, Lilongwe, have taken it upon themselves to “punish” trendy dressers – who allegedly abuse prostitutes.

The vendors, who claim to simply “finish exposing what the owners started”, have pounced on unsuspecting women in short skirts, hipsters, clothes with high slits bare backs. Women have been stripped and raped under the pretext that their mode of dressing is against “Malawi’s culture”.

The street boys demand that the women be “fully covered”, preferably in the traditional plain or multi-coloured wrap locally known as chitenje. A rice vendor in Blantyre, Mathews Dikisoni, argues that as long as women continue to “over-expose” themselves, they will be taken to task because it is “unproper” for them to “copy outside influences”.

He continues: “Those tight fitting trousers are just too much, especially on one with plenty of flesh. We do not mind loose clothing or a moderate slit on a skirt. It is the horrendous types of dressing that we fight against.”

Most of the vendors said they strip such women to “teach them a lesson and to deter others from repeating their mistake”.

The latest incident involved a Brazilian living in Malawi, Piedade Marques. She was assaulted, stripped and nearly raped by street vendors in the heart of Blantyre.

Marques was wearing a mini skirt on a sunny day. The vendors shouted and taunted her as she passed by and finally descended on the unsuspecting woman. A brave motorist whipped her away to safety, but not before she suffered cuts and bruises on the thighs.

The attack on Marques, highlighted by the media and the human rights non-governmental organisation Civil Liberties Committee, has outraged Malawians that they organised a protest march in the city despite efforts by about 20 representatives of the vendors to dissuade them. Carrying placards reading “Castrate all rapists”, the marchers were confronted by vendors who hurled abuse at them and vowed to continue raping all women as long as they continue wearing “revealing clothes”.

Said Cici Executive Director Em- mie Chanika: “There is a law in Malawi that gives people the freedom to dress any way they want. I wish the president would do something about this because this not only damages Malawian’s reputation but also causes psychological injuries which last a lifetime.”

The organisation was criticised, however, for taking to the streets only when it was a Brazilian under attack when many Malawians have suffered at the hands of the street boys. Chanika retorted that she was sick and tired of critics who constantly took her organisation to task, pointing out that Cici was not the only group up to campaign against violence.

She said: “Malawians are myopic. They personify everything. Why don’t they give Cici credit for the so-called little it does rather than condemn it every time?”

Catherine Manthul of the Centre for the Advancement of Women said it was disheartening to see the attackers of the Brazilian woman go scot-free, even going to the extent of continuing to make more threats. “Dressing is free in this country and vendors should be sensitised to the fact,” she added.

“However, in a society that has not yet embraced change, it would be safer to dress accordingly.”

Street attacks on women have been reported in many other countries, including Kenya. In Malaysia, the conservative Terengganu state plans to ban non-Muslim women from wearing mini-skirts or figure hugging dresses to places of work as just a drive against indecency.

Muslim women will have to wear headscarves and loose dresses to the office and employers risk losing their business licences and face fines if their staff flout the rules.

A BAN on skimpy clothes at Lagos State University has raised a storm not only on campus but throughout Nigeria.

|While some people welcome this ban, saying that the dictates of fashion had made Nigerian teenaged girls throw caution to the wind, others argue that school days are supposed to be the best days of anyone’s life and that women dressing is just an expression of youthful creativity.

Kunle Ogundare, a 23-year-old student at the university, says he is appalled at the way female students dress on campus.

“Parents and teachers should work together to train young adults. Parents should be more responsible and not abdicate their obligations to teachers.”

Babcock University, in Ogun State and privately owned by a religious organisation, forbids trousers for female students. Should the students flout the rules, they can expect severe sanctions. Other private universities are beginning to follow suit.

In Abia State, the rule extends to all women. The state government accused women of behaving capable of distracting men from performing their administrative duties.

A government circular has been issued, threatening public disgrace for any woman found in trousers in Government House.
From one woman to another...

By Sarah Ngwenya, Zambia

SHE came to Zambia a rich woman – one of the wealthiest people in the world, in fact. Oprah Winfrey left after her first visit to the country still a well-endowed woman but far richer in life experiences for having met some of the poorest people in the world. Said the popular talk show host at the end of it all: “It’s only women who will resolve the many problems that the African continent is faced with.”

But only if they are given the chance. “I am a woman myself and understand what it means to be a woman with power,” she said. “I understand what it means to be a woman who can empower other women worldwide.”

On a continent where HIV/AIDS and poverty levels are so high, only women who are empowered enough with education, information, financial resources and equipped with different skills in their respective fields can change the course of Africa.

“I have seen so much hope and will from the women themselves. With the little they have, they manage to sustain big families – how much more would they do if about 60 per cent of them were empowered in their respective fields?” she asked.

The TV star shared her own origins: “I understand what it is like to grow up in a house without running water, what it is like being without a house, to have to go and fetch water and live under poor circumstances. Today am a different woman because I have been empowered.”

Visiting Zambia under the auspices of Unicef, Oprah’s mission was to tour projects touching on the welfare of women and children affected by HIV/AIDS in Zambia. Among the centres visited was Chelstone Clinic, one of the government health centres the government was using to distribute anti-retrovirals to mothers and their children. She also visited Garden Pop-in Centre, where she met Aids orphans forced by circumstances to become heads of households. She also met grandmothers caring for up to 10 orphans at a time.

“Aids is the greatest moral issue of our time. It is necessary to every human being who has an understanding of the issue to do something to fight it. We need change politically, medically, socially, emotionally and spiritually because we are all affected and infected in one way or the other,” she said.

Oprah launched the Angel Network in 1986 to assist women and girls who have been affected by the Aids pandemic. The network is building partnerships to negotiate for safer sex with their husbands and report abuse.

“We all have to get involved in the fight, we have to do what we can as individuals,” she said. “As for me, I am going to use my influence and even my wealth to help the fight against HIV/AIDS.”

By Madube Pasi, Zambia

Rape on the marital bed

When a man is insecure and suspects his wife of infidelity, he will usually resort to sexual violence.

By Madube Pasi, Zambia

At 27, Rachael Wamunyima considered herself lucky to have found a man willing to marry her as a second wife. To her surprise, however, her new husband soon started having sexual affairs.

Things came to a head during the festive season when he threw her out of their home, forcing her into a marriage two months into her pregnancy. On being released from Mongu General Hospital in Western Province, she was told to abstain from sex for a while.

Her husband, brought up to believe that he had the right to sex on demand, pinned her to their bed and raped her, completely ignoring her pleas. Worse still, he gave her a sexually transmitted disease and left her to find her own money to pay for treatment.

Wamunyima decided to report the rape to police, who asked for a medical report to prove the assault. Like many poverty-stricken women in Zambia, however, she could not afford the 11,000 kwacha fee ($US 2.5) that the hospital demanded. She chose instead to file for divorce in a local court.

If Zambian women have trouble reporting physical abuse by their partners, there is total silence when it comes to marital rape. At the Zambian Young Women Christian Association’s shelter for battered women and girls, no one ever speaks openly of having been raped by her husband, and it is left to the officials to read between the lines.

Says Lillian Kaoma, the gender adviser: “A woman will say, ‘my husband come home drunk and battered of me and then had sex with me’. When reporting to police, they talk only of the physical assault and remain silent on the sexual assault.”

Part of the problem could be because African culture encourages women to keep their marital problems to themselves. Besides, she has no right to reject her husband’s one another, and not only the woman,” says the clergyman. “People concentrate on the part of the wife submitting to the husband. The husband also has to love his wife as his own body. If you love your wife, you will not rape her.”

In traditional society, he says, village elders would be called in to resolve matters such as marital rape and asked to compensate his wife with a cow or goat. The proceedings would be conducted in secrecy, however.

Peter Kanusa, director of the Zambia Police Service Victim Support Unit, which handles cases of marital abuse, says he would like to see a test case where a woman reports her husband and police take the matter to court.

“This would act as an authority. As it is now, some police officers would not even know how to handle such a matter. The problem that police have had in such a matter is that the women are not willing to testify against their lovers.”

Zambia has no laws on gender violence, and such cases are handled under the penal code, which is not specific on marital rape.

Women in Law in Southern Africa (Wilsa) has conducted a study on the justice delivery system and its response to women’s issues in Zambia. But though the government was initially responsive enough to appoint a technical committee to look into the issues raised, things have gone silent, according to Programme Officer Joyce Macmillan.

Wilsa wants marital rape made a criminal offence in the penal code because of the increased risk of HIV. The law should also provide for damages to be awarded to women so they can have somewhere to start, even if they have to leave their husbands. The abuser should be the one to leave the marital home in cases were the couple owns a house.

But women first have to be able to speak of marital rape.
Much ado over babies in camp

By Ada Aghina-Ude, Nigeria

Davista Nnamani, a newly-married graduate from Delta State, was in high spirits on the first day of September as she approached the reception room of the National Youth Service Corps camp at Iyana Iprua, a Lagos suburb. Just a year earlier, she had graduated from the Department of Mass Communication of Bayero University, Kano, in northern Nigeria. She was getting closer to realising her life ambition, which is to become the editor of a national newspaper. But first, she had to complete the one-year mandatory youth service.

The long wait for the call-up letter now behind her, she was joyful on arrival at the training camp for the one-month orientation. While waiting, she surveyed the colourful posters on the wall. The one that read, “The NYSC is now baby friendly, no pregnant Corps; no nursing mother” held her attention and she studied it for a while. If she had any doubts over what appeared to be a contradiction in terms, they were cleared at the parade grounds, where Director Rita Uzo-Akinlade issued a stern warning that “pregnancy and nursing of baby will not be tolerated and defaulters will be decamped as soon as they are discovered”.

Even though Nnamani was not pregnant, she was looking forward to it as a young bride. To be decamped does not mean an exemption but a suspension of service for one or more years. Critics object to the new policy as it appears to single out women for punishment.

The current director-general, who served under the programme in 1993 as one of the pioneers, introduced the policy last year shortly after taking over from his predecessor. The rule drew much flack from women’s rights activists before it quietly became operational, only resurfacing as a national issue when Ekiti State directed the programme to drop gender considerations such as providing creches for pregnant and nursing mothers in the camps. Tina Edewor, from Ibadan, a state in the south west, says: “I was decided to participate in the programme in order to fine-tune the system. It is not yet perfect and you know that the moment you try to solve one problem you create another. With time all the issues will be resolved.”

Indications there may be other reasons for the new rule apart from the comfort of baby and mother in camp lay in the statements and actions of officials at the camps. Tina Edewor, from Warri in the oil-rich South and a computer science graduate of the University of Benin, says: “It is in every woman’s interest. Imagine women coming into camp with babies, nannies and husbands. Imagination is more responsible. But, shortly after, she started asking for days off to go to the antenatal clinic. Now she goes to clinic every Thursday, and doesn’t come to the office all day sometimes. On Wednesdays, she goes for compulsory community development fieldwork, so she actually works for us only three days in the week. I wonder what will happen when she is in her third trimester.”

For her friend, Idayat Hassan, adds: “The NYSC by law that Corps are entitled to three months’ maternity leave and that they can apply for it, so how does one reconcile that section with the new policy?”

Marian Marwa, from Adamawa State in the north east and a law graduate of the University of Buckingham in the United Kingdom, is worried about the trend of special rules for women. Says she: “I object to it as a young bride. To be pregnant, she was looking for-...
Africa woman

Maternity laws return to haunt women

By Ruth Butaumocho, Zimbabwe

When Martha Chireva was searching for a job after completing her degree in marketing, she was rejected by both friends and family. "I have been rejected by both friends and family ever since they discovered my status," she said. "I was turned down because I am HIV-positive."

The discrimination faced by people like Martha is not uncommon in Zimbabwe. Many HIV-positive individuals face challenges in their personal and professional lives. The discrimination can lead to social isolation, lack of access to employment, and reduced earning potential.

Martha’s story is not an isolated case. A study carried out by Dy Hammer, a Zurich-based civil rights organisation, found that pregnant women in developing countries are faced with the threat of job loss, suspended earnings, and increased health risks due to inadequate safeguards of their employment when they go on maternity leave. The study concluded that employment is a major handicap for women’s career advancement and is costly in terms of seniority and reduced pensions and other employment-related benefits.

The study noted that these conditions exist at a time when the percentage of women of child-bearing age in the workforce continues to rise. "Women now provide the main source of income in some 30 percent of all households worldwide,” the report notes.

White male maternity leave has become the standard in most industrialised countries, progress has not been uniform. African countries still lag behind, with the exception of those where governments have invested in systems to meet the maternity benefits of employed women.

Meanwhile, $800 billion is spent yearly on military budgets worldwide— with the Bush administration proposing to spend additional billions on Star Wars II—while $80 billion would provide the essentials for the whole of Africa. Yet the money needed by African countries to meet maternity benefits for its people is very little.

In Ghana, the employer meets 50 percent of the employee’s wage, while in Kenya the employee gets her full salary while on maternity leave.

The majority of employers in industrialised countries offer support for only one month. In Lesotho, the majority of employees get no maternity leave.

In Zimbabwe, women’s organisations must return to the drawing board and lobby the government to pay half the maternity leave. While paid maternity leave has become the standard in most industrialised countries, progress has not been uniform. African countries still lag behind, with the exception of those where governments have invested in systems to meet the maternity benefits of employed women.

Meanwhile, $800 billion is spent yearly on military budgets worldwide— with the Bush administration proposing to spend additional billions on Star Wars II—while $80 billion would provide the essentials for the whole of Africa. Yet the money needed by African countries to meet maternity benefits for its people is very little.

In Ghana, the employer meets 50 percent of the employee’s wage, while in Kenya the employee gets her full salary while on maternity leave.

The majority of employers in industrialised countries offer support for only one month. In Lesotho, the majority of employees get no maternity leave.

In Zimbabwe, women’s organisations must return to the drawing board and lobby the government to pay half the maternity benefits.

The majority of employers in industrialised countries offer support for only one month. In Lesotho, the majority of employees get no maternity leave.

In Zimbabwe, women’s organisations must return to the drawing board and lobby the government to pay half the maternity benefits.
A cure for Guinea worm: Not too much to ask, surely?

By Joyce Gyekye, Ghana

After years of an intensive campaign, the guinea worm has defied all odds and re-emerged in Ghana, which now ranks second only to the Sudan in recorded cases. The resurgence of the disease, especially in the northern parts of the country, can only worsen the plight of women.

They seem to bear the brunt of the disease as they come more frequently in touch with infected water. Performing their traditional domestic chores such as fetching water, cooking and washing becomes an endurance test against the pain of the disease.

Rudolf Amenga-Etego, director of advocacy and campaigns at the Integrated Social Development Centre, attributes the return of the guinea worm to poverty and lack of potable water.

Not only has the disease risen in the north, but waterborne diseases such as cholera and typhoid have been diagnosed in the capital, Accra.

Ghana faces an acute water problem: the major river basins are drying up due to population pressure, bad agricultural practices and environmental degradation.

There are inadequate supplies of drinking water because the facilities have not been expanded in tandem with the rise in population. The urban water supply stands at 69 per cent.

With half the population having no access to potable water, the burden on women and children searching for water for domestic needs rises. Indeed, some women in Africa and Asia walk up to six kilometres to collect water. The weight of water they carry is equivalent to the baggage weight allowed per person by airlines – 20 kilogrammes.

Men, especially in rural areas, do not traditionally fetch water. Their relation with water has more to do with agricultural work. This has implications for women’s daily lives. Carrying water not only leads to physical disorders in some instances but also makes it difficult for them to get involved in education, income generation, politics, leisure and recreation.

At the Millennium Summit, heads of state appended their signatures to a commitment to implement the Millennium Development Goals by 2015. Key among them was to reduce the number of people without access to safe drinking water by half.

Three years on, Ghana has made no headway in achieving the targets. Amenga-Etego is convinced that the public sector participation in urban water sector delivery strategy that Ghana has adopted will not deliver.

Rather, it will worsen the plight of the poor because the multi-nationals involved are profit-oriented.

“An essential service like water delivery should not be in the hands of global corporations,” he argues.

The deadline for making a decision on private-public partnership in urban delivery came and went last March. Still, the government remains silent.

About 6,200 women have been recruited to help in the fight against the guinea worm. According to Mwando Diallo, the resident technical adviser of the Global 2000 project of the Carter Centre in Ghana, greater involvement of women in the eradication campaign makes sense because of their domestic role.

There is no cause for celebration, however. There is no excuse whatsoever for the resurgence of the disease. All that this tells us is that the government has failed to fulfill its duty of ensuring potable water for its citizens. Is even this too much to ask of our governments?
Young people have rights, too

By Wezi Phiri, Malawi

YOUNG people aged between 14 and 24 in sub-Saharan Africa are high-ly infected by HIV/Aids, according to the World Health Organisation. The reason is simple: most do not know how their bodies work and go into sex on an experimental basis, leaving them exposed to sexually transmitted infections and unwanted pregnancies.

And this against the backdrop of cultures in which parents find it dif-ficult to talk to their children on sexual matters. They will not pro-vide contraceptives to their chil-dren, considering it taboo. The young people have paid a high price: HIV infections among this age group keep rising.

Now the Malawi government has stepped up its efforts to introduce the in-troduction of Youth Friendly Health Services.

Blindanda Kamalala is the national youth coordinator for Banja La Mtso, a non-governmental organi-sation that provides reproduc-tive health services in Malawi. She says young friendly health services are not only “appropriate, afford-able and accessible” but they also do not discriminate against the young, treating them as they would adults.

The outlook is that there is great improvement in the demand for the services. Prior to the introduction of the programme, young people especially those under 16, found it difficult to walk into clinics. They were bombarded with questions like: “Are you married? Why do you need them?”

If they had a sexually transmit-ted infection, the questions would be: “How and where did you get this? How could you let yourself be infected?”

In most cases, the questions would be fired at them in the pres-ence of other people, making it well nigh impossible for them to ex-press their real problems. Many young people simply chose to keep their problems to themselves and shunned treatment for fear of be-ing embarrassed.

Besides, many parents would discourage their children, especial-ly girls, from going for reproductive health services on the grounds that this would promote promiscuity.

Though the situation has greatly improved, between 10 and 13 out of 40 young people who are trained in reproductive health issues drop out because their parents will not con- sent to their extending this service to fellow youths.

Says Kambala: “We deal with youths in school, but we mostly tar-get those under 16 who are in rural communities where they meet people who know little or nothing about their reproductive health.”

Abstinence, though touted as the only solution, does not work in re-ality, says Kambala: “Nowadays, you get people as young as 12 being sexually active. There is need to make sure that young people get all the information they need for them to make informed decisions. We be-lieve in laying the cards on the table: while abstinence is best, it is hard to practice.”

But what do the youth them-selves say? Marcel Chiisi, director of Active Youth Initiative for Social Enhancement, says the changes that youth undergo during adoles-cence confuse them, especially in the absence of meaningful infor-mation.

The National Youth Council trains young people in Blantyre to train their peers on sexually trans-mitted infections.

Chisi worries, however, that rural and privately owned hospitals may not jump on board the trend towards youth friendly services. This can only lead to youth lying about their real problems, further exposing them to health risks.

He adds: “Although there are no statistics, I’m sure that many young people flock to clinics and other government health centres these days, indicating the trust that young people are slowly building towards youth friendly services. This can only lead to youth lying about their real problems, further exposing them to health risks.”

Though the situation is greatly improved in urban centres, girls as young as 12 are still dropping out of school in rural areas because they have no information on sexual and reproductive health. “Quite a large number of youth are unemployed and girls usually fall prey to sugar daddies and get infected,” said Chisi.

Joyce Mphaya of Unicef argues that the information that used to be given to youth was superficial. She says: “It would be meaningful if the youth were equipped with life skills. They should be held enough to know what to do. They should be able to go out and buy a condom and have negotiating skills to be able to abstain and resist peer pres-sure.”

In neighbouring Zimbabwe, the Centre for Reproductive Rights and Child Law says that there is a state of denial among the youth and their parents. Zimbabwe’s le-gal policy and social barriers inhibit adolescent’s ability to protect themselves against unwanted preg-nancy and sexually transmitted in-fection, including HIV/AIDS. Up to 26 percent of women aged 15 to 24 are infected with HIV/AIDS and 40 percent adolescents are mothers by the time they are 19.

Zimbabwean service providers cannot provide adolescents with contraception, including condoms, without parental consent due to confusing laws and policies. Ado-lescent rights to privacy and confi-dentiality in seeking medical care are virtually non-existent. Will the Malawian project live long enough to set standards in the region?

For better and for worse: Positive thinking on Aids

By Sinqobile Ndlovu, Zimbabwe

DRIVEN to desperation by a short-age of foreign currency to buy anti-retrovirals, patients living with HIV/AIDS have resorted to the use of foreign currency to buy anti-biotics HIV testing and counselling in Zimbabwe.

She is also a member of the Zim-babwe Network of People Living with HIV (ZNPP+). Last year, the Ministry of Health and Child Welfare was allocated $4 billion for Aids drugs but was un-able to do so for lack of forex.

Now Ndlovu says: “Our message to all those who have been infected is that since there are no drugs in the country, why not marry the virus? If you promise to love it, it will love you in return and will let you live longer. Promise to take care of it, in sickness and in good health, for better, for worse, as death will only part you.”

Positive thinking has worked so well for her, she says, that she has gone a long time without being ad-mitted to hospital. “When you love someone, you make sure that s/he eats proper food everyday to en-sure good health.

With the virus, people who are infected need to make sure that they have a balanced diet. Should they fail to do so, the chances of falling sick on and off become very high.”

Just as married couples are ex-pected to be happy together, the virus and the person infected are also supposed to learn to live in harmony, Ndlovu continues. What’s the point of leading a mis-erable life when you are HIV-posi-tive, knowing very well that you will never be separated from it? Be happy to live with it, as it is your lifetime partner.”

Gracious Linda, also a member of ZNPP+ has been living with the virus since 1995. She has a 15-month-old daughter who was born under the Nevirapine programme. “When I was told my status, I wanted to commit suicide but, after some time, I realised it was not worth it. I recalled a counsellor telling me that some people could live with the virus for several years without getting sick and I said to myself that I could be one of them.”

She continues: “I accepted my status because I realised that it was no use crying over and over again when nothing was going to change. I talked to the virus in my body and we agreed to take care of each oth-er. I have been taking care of it since 1995 and it has let me survive all this time, even having a baby.”

She wants her baby tested when she is 18-months-old. “As a network of people living with the virus, we will not rest un-til we change the attitudes of thou-sands of people living with the virus. The virus has been with us for a long and it’s high time people accepted it instead of getting wor-ried sick once diagnosed positive,” Linda adds. “We want to see many marriages of the virus and the in-infected so that people can live longer.”

Zimbabwe is one of the worst af-fected countries in Africa, with at least 1, 800 people dying every week due to HIV-related diseases.
Children pay for nursing brain drain

By Rebecca Kwei, Ghana

PART of the emergency section of the Child Health Department at the Korle-Bu Teaching Hospital could be forced to close down for lack of nurses. The looming threat has been urgent enough to send the authorities pleading with retired nurses to return to work, even going to the extent of offering them a special package.

Like most African countries, Ghana has been grappling for years with a brain drain in the health professions. Thousands of nurses, pharmacists, doctors and medical technicians have left for Britain, the United States and South Africa due to poor pay and conditions of work.

According to the chief executive of the hospital, Kwabena Frimpong-Boateng, other wards in the nation’s premier teaching hospital could be closed down if the exodus of nurses is not averted.

Ghana’s contingent of nurses has dropped to 10,000 although nursing training schools all over the country graduate about 600 nurses yearly. Frimpong-Boateng cites a serious shortage in areas such as neonatal and intensive care, paediatrics, cardio-thoracic care and cardiology, pulmonary medicine, diabetic care, ophthalmology and ear, nose and throat.

Children admitted to the emergency unit lie in their mothers’ arms for days until they or others are discharged. Up to four children share a cot in a dilapidated structure with few nurses and doctors to attend to the patients. The unit, built to accommodate 30, now handles more than 100.

The State of the Ghanaian Economy Report 2002 indicates that 3,157 health workers left between 1993 and 2002. Africa spends about $4 billion annually to recruit and pay 100,000 expatriates to work on the continent, while developing countries train health professionals for the developed world.

Statistics from the British Medical Journal in 2002 indicate that over 2,000 African nurses left their countries to take up jobs in Britain, with South Africa losing 2,114 nurses and midwives, Zimbabwe 473, Nigeria 432, Ghana 198, Zambia 183 and Kenya 155.

Speaking during the national delegates congress of the Ghana Registered Nurses Association, Frimpong-Boateng expressed regret that nurses were leaving at a time when the health delivery system was encouraging specialisation. He appealed to nurses to be reasonable in their demands since no African government could compete with the developed countries in terms of pay and conditions of service.

The chairperson of association, Emma Banga, noted however that it was not only about pay packages but also deteriorating structures in hospital that were a great disincentive to workers.

She said: “The inadequacy of nurses in the country has brought about heavy workloads, tiredness and a burn-out syndrome in nurses.”

Speaking on the overwork and psychological effects, leading to stress at work. About 5,000 nurses are doing work meant for 40,000 nurses.

It is estimated that Zambia, which had about 1,600 medical doctors, now has only 400 while Kenya is able to retain only 10 per cent of the nurses and doctors it trains.

In an attempt to deal with the situation, the Ghanaian ministry of health has raised the intake of trainee nurses in anticipation of forestalling staff shortages in the coming years. It has also introduced the Additional Hour Duty Allowance and other incentives.

Acceding to Yaw Antwi-Bosito, the director of human resource for health development, the ministry has developed career pathways for staff that include new programmes for nurses and allied professions, expansion of sandwich programmes, accreditation for diploma programmes and student vacation attachments.

The ministry will also re-initiate training of health care assistants, with the district assemblies involved in the selection of trainee nurses. The assemblies had been given quotas to identify and sponsor qualified candidates from their districts. The expectation is that the assemblies-sponsored nurses will serve in the communi- ties from which they come in the next three years before changing location.

It is estimated that more than 10 million children die each year in the world, about 10 million deaths, of which 5 million are caused by causes preventable through a combination of good care, nutrition and medical treatment.

Keeping mothers alive need not be expensive

v .fc vplv uopqopof pfof fopwqf vplv povpoqpvipolfopvofvof

By Wezi Phiri, Malawi

MUA Mission Hospital has no pre- tensions to being poor. It is small and has none of the sophisticated equipment that some hospitals take for granted. But Mua provides maternal health care that is miles ahead of the standard service.

What’s the trick? It is simple, really. Nurses, midwives and other medical staff from the hospital do not wait for expectant mothers to come to the hospital. They go to the villages, seeking out women of child-bearing age and their husbands – and then instruct them on how to handle their reproductive health needs.

“Charity begins at home,” said Mua nurse Patricia Kaunga. Taking maternity lessons to the villages makes things easier for her hospital. Not only are the expectant mothers alert to potential prob- lems, but their families also know what to do at any given time.

“They know when to rush to hospital,” says Kaunga. “They don’t wait until things are very bad before they come to us.”

Mua delivers 120 to 160 babies each month, the only complications arising where mothers take traditional herbs to speed up delivery. “This becomes a problem as the mother who takes this stuff has a lot of contractions when she is not fully dilated,” said Kaunga.

Some women even bring the stuff into hospital secretly. “They end up having caesarean section needless- ly,” said Kaunga.

Mua’s story is remarkable in a country with a maternal death rate of 1,100 per every 100,000 births. Most hospitals in Malawi do not have telephones and getting reports of emergencies can be very difficult. The Mua case has proved that even in places where re- sources are at a bare minimum, women’s lives can be saved.

The majority of mothers who come to Mua come from surrounding villages and simply walk to the hospital. Some come in oxcarts, bicycles or the bus. But when traditional birth attendants have to re- fer cases to the hospital, they use bush ambulances – a bed attached to wheels and pulled by a bicycle.

Traditional birth attendant Anamiliso Zakeyu lives at Msolo village, just a few kilometres away from Mua. She has been doing this work since 1984. The only formal training she has had was six years ago when she delivered about eight to 10 babies in one month under the supervision of medical personnel in a hospital ward.

The health education that Mua personnel give in the locality makes her work easy as the women know when to seek her or to go to the hospital. In the past two years, she has referred only three complicated cases, including a breech birth.

In the second case, the baby had severe deformities and her life could not be saved even on the operating table. Says Zakeyu: “The mother survived and now has an- other healthy baby. She had obstetric labours in the other case and this was successfully managed at the hospital.”

Jane Namassau, deputy director of clinical and population services, laments that maternal health care has not been much of a success in Malawi. “We measure success as
Cervical cancer: a killer easily disarmed

By Bisi Yomi-Laginka, Nigeria

CERVICAL cancer kills about 300,000 women every year worldwide and disproportionately affects the poor. More than 80 percent of those deaths occur in developing countries. But bad as the disease is, it can be treated if detected early enough.

The sad news is that whereas the disease can be nip in the bud – even in at high risk, such as commercial sex workers – through screening and early treatment using relatively simple technology, only a paltry five percent of women in developing countries present themselves for screening. In the developed countries, it is 40 to 50 percent.

Says Sina Oladokun, consultant gynaecologist at Nigeria’s premier teaching hospital, University College Hospital Ibadan: “This is why women die a lot from these things. If we could identify these problems early, so many lives could be saved.”

A study of market women in Nigeria indicates that less than four percent are aware of cervical cancer. Besides poverty and low literacy levels, tradition does not allow women here to talk openly about their bodies and sex. This means that they often suffer in silence, seeking little help from hospitals - not even when the symptoms become pretty obvious, like bleeding after sex. By the time they get to hospital, it is often too late.

Cervical cancer is generally caused by the human papilloma virus, which is sexually transmitted and gradually causes changes in the cells of the cervix that are a precursor to the cancer. It often occurs in women aged 30 to 50.

According to Cecilia Amotsuka, director of the cervical cancer prevention programme at the J-Rapha Hospital in Ibadan, the critical factors include early age at first sexual experience, recurrent sexually transmitted diseases and poor socio-economic conditions.

Poor women are more likely to go into prostitution. Their daughters are also more likely to be abused and raped. And they can rarely afford to go to hospital for proper treatment.

A woman who has never had sex is unlike-ly to have cervical cancer, says Amotsuka. In Nigeria, cervical cancer is most common in the north, where girls routinely marry under the age of 18. At these ages, the lining of the cervix is not developed enough to resist in-fection.

Women who have had many children are also susceptible to cancer due to the friction that occurs between soft tissues and the childbirth process. Grace Owuhawote, a nurse specialising in reproductive health, adds that cervical cancer may also be hereditary, with those whose mothers and sisters have suf-fered being more likely to get it.

When a woman is first inspected, cellular changes begin in the cervix which may revert to normal depending on her immunity levels, the load of viruses and whether she has a sexually transmitted infection. The iron is that even big teaching hospi-tals often concentrate so hard on pressing daily challenges that they often do not pay at-tention to prevention. Instead, they invest in expensive cancer treatment machines - and the women still die, anyway. And this despite the fact that it is cost effective to screen rather than treat cervical cancer as this in-volves no pain, is less expensive and over in a few minutes.

The World Health Organisation recommends that sexually active women should have a cervical check every two to three years in the early ages to catch any abnormal cells. With regular pap smears, a woman’s lifetime risk of cervical cancer could be as low as 0.6 percent, according to Owuhawote.

The visual inspection of acetic acid test, al-ready in use in Asia, East Africa and Ghana, uses vinegar to expose abnormal changes to the naked eye. However, both the pap smear and the VIA will be of value only if women who have can-cer also have access to treatment. Although Nigeria’s Federal Ministry of Health has poli-cies on women’s reproductive health, they are rarely implemented.

Besides the usual diet of social mobilisa-tion, training and advocacy, the trio of Amot-suka, Owuhawote and Oladokun have a simple suggestion. Attitude really makes the differ-ence when it comes to cervical cancer. Get it right today and head for the nearest clinic. It might just save your life.

Thrown out by husband for being HIV-positive

By Diana Nhakalemba, Malawi

THE fate of the woman who tests HIV-positive within marriage is desperate – especially if she does so before her husband. She can expect to car-p in the dark, bear her own and suffer the consequences of a “sin” she probably did not commit on her own. As they say, it takes two to tango.

In our culture, it is conceivable that a man may come home, eat the dinner he finds waiting, smile at his husband for the fresh meal, and go for testing. All he had to do was to lift the cover of the lone piece of meat and say “Dear, I am sorry I tested HIV-positive. Would you go for a test tomorrow just to be sure?”

In our culture, it is conceivable that a man may come home, eat the dinner he finds waiting, smile at his husband for the fresh meal, and go for testing. All he had to do was to lift the cover of the lone piece of meat and say “Dear, I am sorry I tested HIV-positive. Would you go for a test tomorrow just to be sure?”

Many years of Africa, the first sign of HIV trouble comes when expectant mothers turn up for ante-natal care, which includes full medical examinations. Hilda Muthana of Lilongwe reports that her husband left her in hospital, helpless and bed-ridden, after she had a baby girl who is also HIV-positive.

“My husband and my in-laws were blaming me, saying that I had brought HIV to the home. They chased me out of the house. The moment I revealed my status, I became a pariah and was dispossessed of everything except my clothes,” she says.

“After being counselled, she was advised to bring along her husband so he could be tested and considered for the free anti-retrovirals programme. “He did not even let me continue explaining, just slapped and booted me out of the house,” she recalls. “And that was the end of our marriage. He even denied being responsible for my pregnancy and claimed I had been unfaithful. And that even before he went for testing!”

According to Mercy Kwanga, who coordinates the Prevention of Mother To Child Transmission programme at Chiromo District Hospital, most of the women were reluctant to disclose their status to their husbands for fear that they would be divorced. MTCT is the term used to refer to children who might be born to HIV-positive mothers.

“My husband and my in-laws were blaming me, saying that I had brought HIV to the home. They chased me out of the house. The moment I revealed my status, I became a pariah and was dispossessed of everything except my clothes.”

Yona is now destitute and very ill. Her husband and his in-laws were very angry when they heard the news that I was HIV-positive, “she says. “This was after I went for testing!”

“After being counselled, she was advised to bring along her husband so he could be tested and considered for the free anti-retrovirals programme. “He did not even let me continue explaining, just slapped and booted me out of the house,” she recalls. “And that was the end of our marriage. He even denied being responsible for my pregnancy and claimed I had been unfaithful. And that even before he went for testing!”

According to Mercy Kwanga, who coordinates the Prevention of Mother To Child Transmission programme at Chiromo District Hospital, most of the women were reluctant to disclose their status to their husbands for fear that they would be divorced. MTCT is the term used to refer to children who might be born to HIV-positive mothers.

“My husband and my in-laws were blaming me, saying that I had brought HIV to the home. They chased me out of the house. The moment I revealed my status, I became a pariah and was dispossessed of everything except my clothes.”

**My husband and my in-laws were blaming me, saying that I had brought HIV to the home. They chased me out of the house. The moment I revealed my status, I became a pariah and was dispossessed of everything except my clothes.**

**My husband and my in-laws were blaming me, saying that I had brought HIV to the home. They chased me out of the house. The moment I revealed my status, I became a pariah and was dispossessed of everything except my clothes.**

**My husband and my in-laws were blaming me, saying that I had brought HIV to the home. They chased me out of the house. The moment I revealed my status, I became a pariah and was dispossessed of everything except my clothes.**
Love brewed in an African pot

Love potions come in various forms, including tree roots and concoctions. Some of the potions are believed to help a man successfully propose to women. "The men put the herbs under their tongues so that they can talk to their partner or girlfriend into doing whatever they want," said Chavunduka. "Some men dissolve a mixture of herbs in water and gargle it."

As they spit out the mixture, they say aloud all their wishes and plans for the object of their love. Others have talismans that they keep in their pockets so that any woman they meet and fancy falls in love with them.

"With others, it is inborn, and women dream about such men and just fall in love even when the man makes no effort," Chavunduka added.

But for those who must work hard to get noticed, Chavunduka and company have a variety of ingredients for concoctions that can be secretly slipped into food and offered to lovers:

Scraps of flesh from a blind puppy will make a woman blindly do whatever a man wants. A lizard’s tail will tie a woman to the house when she has finished her duties at home instead of going out to look for boyfriends and gossip. The heart of a pigeon ensures that the wife is always in the company of her husband.

Love potions are particularly common among men and women who are anxious about marital fidelity in light of HIV/AIDS.

A snap survey in Bulawayo, Zimbabwe’s second city, revealed a booming trade in love potions. The elderly women in this trade usually conduct business in public toilets to avoid detection.

Seemingly oblivious to the smell in the filthy toilets, the women advertise their wares to every person who comes in. Those who cannot stand the smell can always visit Seemingly oblivious to the smell in the filthy toilets, the women advertise their wares to every person who comes in. Those who cannot stand the smell can always visit traditional healers. And a new breed of love potion peddlers move from door to door, selling the love potions to housewives in the comfort of their homes while their husbands are away at work.

"These women sell a variety of products, ranging from aphrodisiacs to love potions that ensure that the husband sticks around and does not run around with other women," said a woman who was once confronted by a trader selling “women’s things”.

There is a widespread belief locally that love potions and aphrodisiacs from Malawi and Zambia are the most potent. These are sold door to door, at work places, on the streets and in public toilets.

A visit to the public toilets at the Bulawayo Communal Bus Terminal is an eye opener.

“Women display their potions on the toilet floors, touting for customers. A bus terminus for urban commuters in Bulawayo is usually also a hive of activity, with herbalists announcing an assortment of love potions for men and women.

Some of the herbalists travel overseas, and one even has agents in the United Kingdom to handle that end of the business.

She added: “These herbs were in use before you were born and no harm has come to society because of them. Those who overdose give us a bad name, but it is possible to do so even with Western medicine. If you give a chloroquine overdose, do you then say that chloroquine is not good?”

But Pastor Raisden Sawasawa argues that some potions are artificial and may expire, eventually backfiring on the user. And still the debate continues, especially in circumstances that are not easily explained. How else to account for situations where a woman is abused physically and emotionally, such as when her man brings another woman into the house in her presence, and yet stays put?

Chavunduka and his team have the answer: it is the power of the love potion.