



Youths learn about HIV/AIDS, how to protect themselves, and how to counsel their peers.

# FOREIGN AIDS

*After six months in Tanzania, the least I can do is tell my story*

Text and photos by Danielle Macdonald

*Hakuna matata. Si kitu. Usie na wasiwasi.* Most Tanzanians speak Kiswahili, and they repeat these phrases often. All three expressions have similar meanings—“no problem”—but in reality there is a massive problem. HIV/AIDS is devastating Africa’s population.

Twenty-nine million people with HIV/AIDS, more than half of the world’s HIV/AIDS population, live in sub-Saharan Africa. Ten million of them are between the ages of 15 and 24 and three million are younger than 15. In 2002, it was estimated that more than two million people in Tanzania were living with HIV/AIDS, more than 80 per cent of them between 20 and 44. Twelve per cent of Tanzanians between 15 and 49 are believed to be infected.

Canadian diplomat Stephen Lewis and U.S. media per-

sonality Oprah Winfrey have broadcast warnings about the epidemic into millions of homes in the developed world and we’re all concerned, yet we take little action. Our governments don’t commit resources, cultural barriers are misunderstood and the wealthy world’s bureaucratic regulations prevent lifesaving treatments from reaching Africa.

What can one person do? The least I can do is tell my story.

Four flights, 48 hours, nine time zones and 27 hand-wipes after leaving Calgary on Canada Day, I finally arrived in Dar es Salaam, Tanzania. And so did my luggage. All 90 pounds of it. More than half of my belongings were pharmaceuticals and other items recommended by the travel clinic, including lice shampoo, syringes, Imodium and five

bottles of Pepto-Bismol. I've since concluded that nobody from the travel clinic has ever been to Dar—eight bottles were needed.

A 26-year-old Albertan with a fledgling career in health care communications, I had decided to tackle my life's "to do" list. For years the list had remained relatively fluid: obtaining a graduate degree, weighing 125 pounds at some point in my adult life and working overseas in a development role were the only constants. After determining that the graduate degree could wait and that I'd probably drop a few pounds living in Africa, I applied for Industry Canada's NetCorps International Program. NetCorps provides funding for young Canadians with appropriate skills in information and communication technologies to live and work in a developing country. It was easy to choose between the positions I was offered in Nigeria, Zimbabwe and Tanzania; considering the political unrest in Nigeria and Zimbabwe, Tanzania seemed much less volatile.

I had less than a month to prepare, however—barely enough time to receive the requisite inoculations and learn as much as I could about my posting with an HIV/AIDS prevention program. I wanted an adventure and, although I fear sounding altruistic, I really *did* want to help. I had the best of intentions but was uncertain how much I could really do. Would donating money be better? How could I leave a lasting impression in just six months? Yet half a year proved to be more than enough time to see the devastating impact and future ramifications of an epidemic that, for the most part, has been left unchecked by developed nations.

APTLY NAMED "ISHI," or "to live," the program I joined focuses on improving knowledge about sexual transmission and HIV prevention among youth. Promoting safer sex is the core of many behaviour-change campaigns aimed at youth in Africa, because young people are generally more amenable to changing their habits or delaying their sexual debut. Healthscope Tanzania runs Ishi under the auspices of Tanzania Commission for AIDS. Ireland Aid, USAID and the Danish International Development Agency contribute funding to train local peer educators.

Dar es Salaam—"Haven of Peace" in English—is Tanzania's commercial capital and was my home base for six months. Located on the Indian Ocean, Dar is bordered by Kenya and Uganda to the north; Rwanda, Burundi and the Democratic Republic of Congo to the west; and Zambia, Malawi and Mozambique to the south. First impressions were not that I had just arrived in a "Haven of Peace," but rather that I'd landed in the middle of true chaos complete with the pungent odours of diesel and burning garbage. The *Lonely Planet* guidebook was accurate—the city is *not* known for its luxury hotels or tourist attractions. Cargo-panted and Tilley-hatted, visitors arrive at the Dar es Salaam International Airport and tend to leave for Olduvai Gorge, the Serengeti or the Ngorongoro Crater as soon as possible.

After a couple of weeks in Dar most of the culture shock



One of the community events in Dar es Salaam showing the crowd watching the acrobatics in between skits, poems, songs and dances about HIV/AIDS.

had subsided. I perfected the mantra "there's no hurry in Africa," learned where to buy all necessities and was able get from point A to point B with minimal time and frustration. Transportation was one of the biggest challenges: pedestrians, bicycles and minibuses outnumber private cars and taxis. All these vehicles seem to believe they own the roads, although having travelled them I can't imagine anyone wanting to take the credit.

Transportation was just one of the many daily challenges. Technical obstacles included inconsistent landlines,

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poor mobile phone coverage, downed Internet servers and limited computer availability. Lifestyle challenges included the lack of electricity and water, daily dousings in high concentration DEET and the psychological effects of watching many funeral processions. Being a self-proclaimed princess, I moved until I found an apartment with a generator, a water tank, security and adequately screened windows—but I was unable to escape the obvious impact of HIV/AIDS on the nation.

I quickly accepted the fact that it was unlikely I'd save the world in six months. (Damn... there goes my promotion to Supreme Commander of the Universe.) So I curbed my expectations and aimed for having a positive impact on a few lives and making life at the Ishi office run a little more smoothly. I also realized that personal gains would outweigh my contributions, that I would learn more about myself than about the Tanzanians I worked so closely with.



Some Masai warriors seen on our travels.

WHILE THE HIV EPIDEMIC IN TANZANIA is not as rampant as in neighbouring countries like Kenya and Zimbabwe, it's still a problem destined to worsen without support from wealthier nations. In most countries the epidemic is driven by multiple sexual partners or injection drug use. In African countries, cultural practices, apathetic governance and poverty mix together in a deadly concoction that will result in many more lives lost.

Before my time in Africa I didn't consider patience a skill that could be developed with practice. Then I spent countless hours at the Ministry of Education.

Young girls are enticed to trade sex for trinkets and sex trade workers are offered three times the standard amount to have sex without a condom. Immediate needs dull deadly future consequences. Meanwhile, rural children and youth sometimes see sexual intercourse as entertainment. Men inherit the wives of brothers who have succumbed to AIDS. Without anti-retrovirals or expensive Caesarean sections, mothers transmit the virus to infants. Many young people having sex believe they're protecting themselves with condoms, but they're unaware that used condoms rented from friends for 20 shillings offer little protection.

For many Tanzanians, coping with the HIV/AIDS epidemic that grips sub-Saharan Africa has become part of their routine. Often only days pass between learning about the death of a colleague, discovering that a sibling has tested positive for the virus or that a neighbourhood child has

lost a parent. When a colleague of mine learned he had HIV, he arrived at work and simply stated, "I'm positive." All our co-workers nodded their heads and went back to business as usual. "What do you mean you're positive?" I demanded. "How can that be? What are you going to do? What about your daughter? You're only 25 years old!" Another colleague lost both her sister and her brother-in-law to AIDS and has taken on the financial responsibility for two young nephews. She refuses to have the boys tested for HIV. Denial and stigma discourage many people from seeking voluntary counselling or testing. There is no desire to get a prognosis that means certain death—it's just something else to agonize about. And what makes these stories even more poignant is that they are facts of life for people of all ages. Sixty per cent of new HIV infections occur between the ages of 15 and 24.

Youth aged 15 to 24 have been invited by organizers to help design and implement the Ishi campaign. They're also the target audience. Current messages include "Subiri au tumia kondom kila wakati," which means "Abstain or use a condom every time," displayed on billboards accompanying photographs of attractive young men and women that challenge the audience to guess which of them carries the HIV virus. The images reinforce the fact that despite a healthy appearance, infection is possible. Existing mass media, including a talk show and magazine dedicated to sex education, also help fill the void left by the Ministry of Education's lack of curriculum. Tanzanian President Benjamin Mkapa has begun to speak out and encourages members of his government to do the same. But, to date, there is no formal reproductive health education in the school systems, so in-school sessions were planned by Ishi.

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MY FIRST VISIT TO THE MINISTRY OF EDUCATION was an indication of things to come. I asked to see the Director of Secondary Education and was directed to Room 107, where I found the Policy and Planning Department. I was re-directed to Room 307 and found the Permanent Secretary's office. Again I asked for the Director of Secondary Education and this time was told to try Room 204. A lukewarm success. I found the Assistant Director of Secondary Education and he was kind enough to direct me to Room 309. After finding Room 309 tucked around a corner I learned that the Director of Secondary Education was away on safari. Back to the Assistant Director; he seemed eager to help and asked many questions about the education and "financial incentives" the organization could provide. Despite the signs posted at most government ministries—"You are now entering a corruption-free zone"—he was clearly asking for a bribe. I did some fancy dancing around the financing issue and was promised that a letter of per-

mission would be ready for pickup the next week.

The following week I was greeted by the Assistant Director wearing a smug expression. There was no letter and he suggested I return the next week. My third visit proved no more fruitful, but I had a foolproof backup plan: to work my way through the building, knocking on every door, until someone agreed to sign my letter.

Bad plan.

I found myself back at the ministry the following week explaining my needs to a slew of people with official titles. I reminded myself to breathe. (Remember, there's no hurry in Africa). Didn't they know I was here to help? I summoned my growing patience and proceeded to contact schools directly with Ishi's offer of education.

The presentations were well received by secondary school students, especially when I told them that if they summoned the courage to ask questions I'd do my best to answer regardless of graphic details. Many students have realized that the battle against HIV/AIDS will be fought by their generation. Most were curious and welcomed the opportunity to learn about the virus, preventive measures and peer counselling.

Determined to make the presentations more "interactive," I commissioned a local wood carver to craft 150 wooden penises to use as condom demonstration models. Thinking back to how I learned, including the infamous banana scene on CBC's *Degrassi Junior High*, I realized lugging around a bag of bananas in 35C weather wouldn't work. So I went to the Mwenge carvers market, where most tourists buy wooden masks, giraffes and elephants. I approached a man I'd bought souvenirs from before and, in a mishmash of Swahili and English, asked him to carve a sample penis. Ten minutes later, when I finally made it clear what I was requesting, he said "Oh," giggled with a friend and two days later showed me a pair of enormous prototypes. After we downsized the details, he charged about 20 cents apiece for the order. (Most of these penises were eventually given to Dar schools as teaching aids.)

On many days I packed my penises in my Mountain Equipment Co-op backpack and set out for work. Often I found myself aimlessly wandering because logical directions to any destination were rare. "Look for the man selling roasted corn and turn left," I'd be told, "and when you see a large tree turn right." I'd walk for hours only to realize that the tree had been cut down last week. One day, I noticed that people were detouring around me—guess the conversation I was having with myself about the penises in my pack was enough to scare them off. After that experience, deciding to stop my weekly dose of Larium, an anti-malarial, was easy. Malaria had to be kinder to my body than the harsh drugs that induced "cotton-ball head," out-of-body experiences, and the sensation of losing my mind. I don't recommend risking malaria, but I do recommend spending the money to get an anti-malarial that hasn't been banned by the U.S. armed forces.

Using the penis models broke the ice and helped students overcome the cultural taboo of not talking about sex.

Many myths and misconceptions about HIV/AIDS were unearthed: Is the virus a curse from God and have we been forsaken? I heard that the Americans created the virus as a biological weapon and are now using it to control the African population. Are condoms imported from developed nations tainted with the HIV/AIDS virus? Is it true that if you have sex with a virgin you'll be cured?

Women face the most risk and have a higher rate of infection. Most women in Tanzania start having sex earlier than men, often before their bodies are physically ready, and therefore they're more susceptible to the virus. Moreover, poverty forces women to take risks like unsafe sex, and when they engage in sex for the first time it's often with an older male who has had several partners already.

**Because of their lack of power, many women and girls are unable to develop relationships based on abstinence, faithfulness and condom use.**

Because of their lack of social and economic power, many women and girls are unable to develop relationships based on abstinence, faithfulness and condom use. Women must be able to protect themselves from the spread of the disease, but how? It's difficult for females to negotiate male condom use, they are unable to abstain in a faithless marriage and are often forced to engage in risky sexual behaviours to feed their children. The only option available to women is the female condom, which can be difficult to obtain. Scientists are at least five years away from a microbicide, a substance that can reduce transmission of sexually transmitted diseases. It could be used without the knowledge of a partner, prevent pregnancy, and be produced in many forms, including gels or creams.

It's also difficult to find girls to train as peer educators, for many reasons. Parents are more likely to invest their limited funds in their male children, while the destinies of girls are often predetermined, focusing on family and domestic responsibilities and being prepared for marriage. Caring for ill parents and younger siblings often falls to the girls as well. It's been proven that female *students*, however, often delay their sexual debuts, understand the transmission of the virus and how to protect themselves and are more at ease with voluntary counselling and testing. All-girl after school clubs and soccer teams are slowly gaining momentum and will hopefully result in newfound confidence for some women. When training peer educators there were often too few females at the secondary level, so we looked to engage out-of-school youth who had the potential to act as role models and counsellors. The Ishi team travelled inland to a girls' soccer tournament to recruit and speak to youth.

TRAVELLING TO THE INTERIOR OF TANZANIA really felt like travelling to the middle of nowhere. Vast expanses of savannah, mountain ranges and rock formations that would



The author and two youth volunteers involved in designing the campaign.

make Alberta geologists giddy stretched out in front of our four-wheel drive as another Ishi worker and I embarked on the journey. Like Canada, distances are great in Tanzania; unlike Canada, roads are not. Small children scurried out of the potholes they were bathing in as our vehicle approached. A good six hours after leaving Dar, we arrived in Tanzania's official capital city, Dodoma.

## Canada is the first country to propose changes to patent legislation to allow export of generic medicines.

Dar functions as the commercial capital, while Dodoma is the seat of government. The parliament buildings are nondescript and would blend well with those 1970s-style additions to Canadian university campuses. Dodoma is a dusty city with a poor water supply, not exactly the place one would choose for a capital city, but Julius Nyerere, Tanzania's first president, was determined to have a geographically central meeting place for his government officials. I think his decision inadvertently gave Dodoma's economy a boost—after a few days in Dodoma I was still unable to identify any industries. But I'd heard that the city's female "workforce" tended to swell when parliament was in session. Perhaps Dodoma wasn't such a bad place to promote condom use.

Yet behaviour change does little for people already living with HIV/AIDS. The lack of available treatment is

inhumane and truly a global crisis. The developed world has the drugs and the money to prolong the lives of many but only recently has it begun to take appropriate steps. On World AIDS Day last year, December 1, 2003, the World Health Organization published simplified anti-retroviral treatment guidelines for use in the planning of national HIV/AIDS care strategies. The guidelines set out adequate options for treatment regimens and recommendations on when to start anti-retroviral treatment in resource-poor settings. There are not enough medical professionals to supervise patients lucky enough to receive anti-retroviral treatment, though, and there is little incentive to choose a career with low pay, low morale and extremely poor working conditions.

Kudos to Canada for taking first steps to make generic anti-retrovirals available. Last November, Canada became the first country to propose changes to its patent legislation. The amendments would allow export of generic medicines to countries with insufficient pharmaceutical manufacturing. From agriculture to health care, we are finally taking steps to prevent the developed world's patents from condemning the poor to suffering and death.

The World Health Organization applauds Canadian efforts as it spearheads an initiative to get three million AIDS sufferers on anti-retroviral treatment by 2005. In Africa, it's estimated that 4.1 million people need treatment now and approximately 70,000 to 100,000, or roughly 2 per cent are actually in treatment. Inevitable deaths will destroy years of economic, social and cultural development. A nation with an "hourglass" shaped population pyramid will be unable to cope with the pressures of surviving. There is an entire continent of nations struggling with the HIV/AIDS epidemic while countries in the developed world continue to pledge 0.7 per cent of their GNP to foreign aid. And while I was living in Tanzania it became obvious that few countries strove to fulfill even that meagre promise. Most development workers and funds I encountered were from Norway, Sweden and Denmark; where is the funding and support from other developed nations?

Treatment is a temporary solution—it will only slow the rate of death and we are five years from a microbicide and possibly 10 years from a vaccine. What will the human toll be between now and then? Behaviour change is a piece of the solution, but lifesaving change cannot be made without an influx of funds.

By the time I left Tanzania, the diesel fumes had become soothing and the constant sweat was a reminder that two feet of snow awaited in Calgary. I said goodbye to the many people who had made me feel welcome, invited me into their homes and laughed hysterically at my Kiswahili. We parted with the words, "Tutakutana tena Mungu akipenda"—We shall meet again if God wishes. 📖

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