

Beyond the "Death Watch"

Jodie Fonseca

I hear it everywhere, from the elementary school children who declare, "Only people with AIDS go to the anti-AIDS club," to the teenage boys who complain of AIDS when they have a simple upset stomach. Levity in the face of a disease that has no cure and no vaccine always surprises me at first. But then I think about it. A disease that has no cure and no vaccine. An epidemic that has one face in the industrialized world and an entirely different face in sub-Saharan Africa. A modern-day plague that hits us where we are least inclined to talk about it—our sex lives. What possible reaction to this disease is there other than to be flippant or pretend it is a joke?

Thirteen-year-old Malani Gondwe, a student at the elementary school where I work as an AIDS educator and curriculum developer, has an answer: Treat AIDS not with casual negligence but fatalism and dread. "You are a killer," he writes in a poem he hopes to submit to a local newspaper for World AIDS Day. "Do you want to wipe out the whole world?"

Disarmed by the tone of his poem, I ask him to try writing something with a more positive message. I give him a one-week deadline, but by the end of the week he hasn't written anything. "It's impossible," he says. "There's nothing positive to say."

As a Crisis Corps Volunteer working in the small southern African country of Malawi, I cannot blame Malani for feeling this way about an epidemic whose effects he has already seen several times in his brief life. However, I can blame two

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decades of government anti-AIDS campaigns focused on frightening Malawians into changing their behavior, the relentless focus in the local and international media on sickness and death, and the sermonizing of religious and other groups who claim that only the immoral are at risk for HIV. There has been so much negativity for so long that it seems to come as second nature.

world—that gives Malawians little reward for their endless efforts at subsistence. Combine this with a nearly non-existent medical infrastructure in which triple-cocktail drug therapy is the stuff of legend, and you are left with what the country has now: an out-of-control epidemic.

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If you read any of the major Western news journals, you may believe that there are only three kinds of people in sub-Saharan Africa: dead, dying, or orphaned.

Malani's negative attitude might be something he picked up from his teachers. When asked to come up with a title for a new AIDS education textbook, they decided on a well-known Chewa proverb. Translated into its closest English equivalent, it means "knowledge is power." Literally translated, however, it has a darker tenor—"ignorance is death."

When it comes to AIDS, it may well be true that what you do not know will hurt you. But such pessimistic messages clearly have not been effective. This tactic has only succeeded in generating more cynicism, and has not inspired a change in unsafe sexual behavior of the average person here—much less anywhere else in the world. Malawi's HIV infection rate continues to climb; tens of thousands of children are orphaned; and funerals consume more time than any other social function.

Take the overwhelming indifference with which the rest of the world views the epidemic. To this indifference, add an economy—one of the poorest in the

only three kinds of people in sub-Saharan Africa: dead, dying, or orphaned. The most popular—and, judging by the meager amounts of assistance trickling in from the developed world, the least effective—way to drum up support for the sick and suffering in the developing world seems to be to peddle misery. *The Economist* labeled Africa "The Hopeless Continent." The Clinton administration, couching the epidemic in the vocabulary of clear and present danger, called AIDS in Africa a threat to U.S. national security. In its New Year's edition, *Newsweek* portrayed the continent as a freshly dug grave consuming its citizens. Focusing almost exclusively on sickness and hardship, a *Washington Post* article confronted readers with photographs of emaciated AIDS patients and dismal, poorly-staffed hospitals. The title of the article? "Death Watch." And while there have been some exceptions to this ominous reporting on the epidemic—commentaries from the *Wall Street Journal* and Harvard economist Jeffrey

Sachs come to mind—they are few and far between.

If the average Malawian's attitude towards AIDS is one of negativity, the world's is no better. The media has already told you all you need to know about the macabre aspects of the disease. Africans are getting sick in frightening numbers. You did not need to hear it from me, because you have heard it too many times before. Africans are dying.

It is time to begin reporting fairly on the situation, because people on this continent are living too. In just three years in Malawi, I have seen signs of what Peter Piot, in his preface to the 1999 *UNAIDS Report on the Global HIV/AIDS Epidemic*, called "forward-looking strategies to fight the epidemic." On all fronts, from the national to the interpersonal, Malawians are taking stock of their situation. Beyond simply taking stock, they are also taking action.

The government's response, though hampered by lack of funding and proper medical facilities, has also been cause for optimism. Ambitious in scope, Malawi's "National Response to HIV/AIDS for 2000-2004" outlines strategies for modifying unsafe cultural practices, reaching young people before they become sexually active, and promoting reproductive rights for women and girls. This national framework also includes provisions for alleviating the suffering and isolation of people living with HIV/AIDS and for the tens of thousands of orphans left behind by adult AIDS deaths. The outpouring of creative effort to curb the spread of the virus from nearly all sectors of the government has been impressive. Countries in the developed world would do well to observe and learn a few lessons about the power of collaboration in tackling a

problem many in the rest of the world perceive as insurmountable.

Empowering the public to take control of its own health is an important new element of Malawi's National AIDS Control Programme. Voluntary counseling and testing have moved from being taboo to become nearly universally-accepted practices at hospitals and clinics. Testing centers in urban areas see as many as 200 patients per day, a remarkable number given that most centers are little more than converted two-bedroom houses with only a handful of staff, and that the mention of HIV/AIDS has traditionally sent people scurrying in the opposite direction. Why learn your HIV status when life after the blood test will be exactly the same as life before it? This indifference has slowly eroded to the point that thousands of Malawians are confronting their fears about the disease and queuing up at free testing centers.

In Malawi, using a condom has historically been just as unthinkable as getting an HIV test. Yet, in another sign of changing viewpoints, protected sex has been the focus of several highly visible government-sponsored billboards around Malawi's larger towns. The message that "real men use condoms" is one that urgently needs to reach the thousands of men and women making up the young, sexually-active urban elite.

From state-financed radio shows to conferences, there are dozens more examples of the initiative the Malawian government has shown in attempting to lower the rate of new HIV infections and improve the lives of those already infected.

Although the government's efforts have been admirable, they have fallen short on many fronts. This stems mainly from the fact that the average Malawian lives in a village far removed from urban centers

and rarely interacts with government institutions. Smaller-scale organizations like local medical centers, youth groups, churches, schools, sports teams, and cultural troupes attempt to bridge this gap. They have begun to play an important role in sharing facts about HIV/AIDS with their members and surrounding communities. Acting as open forums for people to come together and discuss topics such as the best course of action for preventing the spread of HIV among the youth or the vicissitudes of AIDS-related illnesses, these gatherings at churches, schools, and community halls have gone a long way toward de-mystifying and de-stigmatizing the disease.

Yet the most heartening signs of change are not on the level of these local groups. They are not even on the level of the nationwide mobilization of resources. It is among individuals that I have seen the most willingness to measure the situation and make the behavioral changes needed to avoid HIV infection.

In the words of Howard Majamanda, a primary school teacher in Lilongwe, Malawians should not "say one thing and do another" when it comes to fighting the epidemic. His way of following his own advice is to teach students about the proper use of condoms, a once-forbidden topic that has gained acceptance in Malawian schools. But Majamanda's crusade does not stop there: He uses condoms himself and doesn't hesitate to admit it. He is also forthcoming about engaging in extramarital sex, despite the fact that he is a married man with a two-year-old daughter. Casual extramarital sex is viewed as the birthright of men in Malawi. However, this view is gradually being altered, along with other local cultural practices that carry a high risk for HIV transmission.

In urban areas where infection rates may be higher than 30 percent, the system of combining HIV/AIDS awareness with advocacy for gender equality has shown signs of success. Women are now more aware of their rights after the death of their husbands, and many no longer submit to the practice of being passed on as the new wife of the deceased man's brother. Chiefs and other community leaders in villages and suburban townships are discouraging initiation rites designed to give adolescent girls the "practice" they need to please their husbands later in life.

Shifts in cultural norms are benefiting others in society besides women. The elders of some tribes are phasing out the use of one razor to circumcise several males during initiation ceremonies. Also, many traditional healers have received training in reducing the risk of HIV transmission during patients' visits.

This gradual progression—from virtual silence on the issue, to more and more open discussion, to a subtle shift not only in words but also in behavior—has been one of the most heartening signs of change in the country. Like Majamanda, many Malawians are moving beyond simply getting the facts out about HIV/AIDS. They're beginning to say one thing and do it, too. From teachers who openly advocate condom-use to maize farmers who are finally admitting that their friends and relatives are dying of AIDS, people are taking active steps to confront the epidemic. One very inspiring sign that Malawi is determined to fight the virus is the number of school children pledging to take responsibility for growing up as part of the so-called "AIDS-Free Generation."

Given this trend, at first I was disappointed to hear fifteen-year-old Doreen

Banda, a tenth grade student in one of the regions of the country hit hardest by AIDS deaths, claim that she did not need to learn how to use condoms. Then she told me her reason.

"I am going to refuse to have sex until I'm married," she declared. She then went on to list all the motivations she had for taking precautions with her own life: school, friends, family, career. Measuring the level of determination in her words, I have every reason to believe that she will accomplish her goal of abstinence until marriage. Doreen is not the only voice of responsibility among her generation. Though the response is far from universal, increasing numbers of secondary school students are delaying sexual intercourse or insisting on safer sex.

This growing awareness and willingness to act extends to younger children as well. Primary school students are overcoming their inhibitions to ask—and even sometimes demand—to learn about sexuality, pregnancy, and condoms. These issues have become so commonplace that chants such as "we always practice safe sex, and you should too" can often be heard from cheerleaders on the sidelines at weekend soccer matches.

Innovative attitudes among Malawian youth are being matched by one of their representative agencies in the government: the Ministry of Education. Recognizing that novel tactics are required to combat the spread of HIV among the young, the Ministry has developed a new philosophy: teaching children how to live rather than how not to die. A forthcoming HIV/AIDS and life-skills curriculum will focus on the message that HIV is a virus that kills, but that anyone can avoid it by taking a few precautionary steps. Stop focusing on dying, the Min-

istry's message goes. Focus instead on what you have to live for.

If Malawians are taking responsibility for their personal sexual behavior, they are also beginning to realize the futility of pointing fingers outside the country for the origins of their own epidemic. When I first came to the country in 1997, I heard stories of how South Africans, Zimbabweans, Mozambicans, Europeans, or Americans were responsible for planting the first seeds of today's soaring HIV infection rate in Malawi. Some high school students even went so far as to invent a new name for AIDS: "American Ideas for Discouraging Sex." But lately I have heard a different story. Malawians seem to have realized that blaming others—from citizens of neighboring countries to the prostitutes in their home village—does not help solve the problem of HIV infection in the here and now.

Onani Mughogho, an HIV/AIDS counselor and educator in Lilongwe, put it best at a recent educational workshop: "If a poisonous snake comes into your kitchen and you know its venom is deadly, do you sit back and wonder where it came from?" he asked his audience. A chorus of "no's" resounded. "You do not hesitate before you kill it, because if you hesitate it will kill you."

Most have taken this message to heart. They no longer try to blame others, claim ignorance, or argue that AIDS only affects those who deserve it. Malawians have started to change their minds about the disease; they have begun to see it as a problem that involves all and therefore must be solved by all.

What then should be done about the Western media, with its tendency to sensationalize the epidemic and demean the millions suffering on distant continents? Perhaps, like Maleni Gondwe, the media

needs to be given a new mandate: to seek out the positive and the negative in equal measure. To shift the focus on Africa away from raging epidemics, corrupt leaders, bankrupt economies, and expensive civil wars. To allow readers in developed countries to consider Africans on equal terms—as people who live, work, sleep, socialise, grow up, grow old, have sex, cook, and farm. If we are to believe what we read in *Newsweek*, disease, war, and famine are the only features of the African landscape. By focusing on these negatives, however, the media ignores the complexity and resilience of the Continent's people. The emerging alternative to scaring

people into changing their behavior lands somewhere in the middle, harnessing the two extremes of fear and indifference. The world media ought to embrace the same philosophy. AIDS is not a joke, but it does not need to take on the dimensions of a modern-day plague—ubiquitous, out of control, inevitable.

As for the articles focusing on the tragedy of AIDS in Africa, believe what you read. The situation is grim. But look beyond the oversimplifications the world's media has handed you. Look past the "death watch," and you will soon see that there is a human face to this epidemic—and it is not always in tears.