

Breaking the walls of secrecy as AIDS becomes a notifiable disease

The Minister of Health, Dr Libertine Amathila, announced recently that HIV/AIDS would soon be made a notifiable disease in Namibia. She reasoned that the disease has become endemic in Namibia and should be treated as a public health concern. Dr Amathila further argued that in order to combat the spread of HIV infections and to treat those suffering from AIDS it was necessary to abolish the secrecy which has so far surrounded the disease.

What does this mean in practice? So far, the Minister has not come up with suggestions of how this new policy will be implemented. However, judging from what happens in cases of other notifiable diseases including TB and sexually transmitted diseases (STDs) such as syphilis and gonorrhoea, patients who have been tested HIV-positive will probably be issued with letters to their family members and sexual partners. Sexual partners in particular will then be asked to come for a test, too.

This is already being done in cases of syphilis and gonorrhoea. Patients are being asked to come back to the hospital or clinic together with their partners so that both can be examined and, if necessary, treated. Experiences with this policy have shown, however, that it is not very effective. Most people do not come back, and when they do, they rarely bring their partners with them.

Why does this happen? Simply because people who suffer from diseases which are transmitted through sex feel ashamed and do

not want to speak about their condition. This has a lot to do with the fact that in most Namibian cultures, people are not supposed to speak about being sexually active.



We salute Emma Tuahepa Kamapoha's courage to be open about her HIV status.

Last year the UNAM Department of Sociology interviewed several hundred Oshiwambo-speaking men and women in different towns and villages.

The study found that almost everyone felt that they were personally at risk of catching HIV. And indeed, currently one in four pregnant women test positive in Oshakati, for example. Yet discrimination is still practised against those who suffer from AIDS.

The Acquired Immune-Deficiency Syndrome was clearly regarded as special, as one woman in Tsumeb said, '... because you get AIDS from sex, but you don't get the flu from sex.'

Another woman added: 'AIDS is a shameful disease because you get it through sexual intercourse. People may laugh at you and insult you. Having sex is a natural thing. [But] It was in secret. Sex is secret. You cannot tell people that

you had sex last night. But with this AIDS disease it became open.'

Minister Amathila is right. The secrecy surrounding HIV/AIDS must be lifted. But she is wrong to believe that this can happen by the force of law. We believe that publicly exposing those carrying the virus will only make the situation worse. People will be even more reluctant to come forward to be tested.

The dreadful disease will be driven underground even more than at present, and will consequently spread even more quickly.

What is rather needed is a change in people's attitudes towards HIV/AIDS. Educating Namibians to accept and respect the infected and the sick should be part of the strategy. It would be most helpful if well-known Namibians living with HIV would voluntarily inform the public about their HIV status. In neighbouring countries this is happening already.

Most important, however, is that it becomes acceptable and normal to speak about sex and desire. There are more ways in which two people can give sexual pleasure to each other than just by having penetrative sexual intercourse. Making the use of condoms generally acceptable will also help, of course.

Last but not least, it is extremely important that women are empowered in society and in the bedroom to negotiate with their male partners about when and how to indulge in sexual pleasures. In the past, discussing these things may have been taboo in many cultures. But then, cultures have always adapted to suit changing circumstances.