Planting Our Tree of Hope

A Toolkit on Positive Prevention for People Living with HIV.

Introduction

The “Planting Our Tree of Hope” Facilitator’s Guide and Flipchart was written by Lisa Basalla and Beth Deutsch. Input was provided by Josephine Mkandawire, Glory Mkandawire, Vanessa Mitchell, Jane Brown and the Positive Prevention Taskforce Team. Members include MANERELA +, NAPHAM, MANASO, LIGHTHOUSE, and Ministry of Health. The cover illustration was designed by Rogers Chilemba. Photographs and flipchart design were done by Beth Deutsch.

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The “Planting Our Tree of Hope” Flipchart is designed to be used with the Facilitator Guide. Each story follows the theme for that particular session. The questions related to each story are found within the facilitator guide. Activities are also included for each thematic session.

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Taking Care of Oneself: Austin Kajogolo’s Story

Introduction

The first step to achieving one’s goals is to have good health. We will now listen to the story of Austin Kajogolo. Austin Kajogolo is a man who has known that he is HIV-positive since 1999 and is still not on treatment due to his ability to maintain good health.

Let’s meet Austin. Austin Kajogolo Gama is thirty years old, married to Emma and a father of 2 children – Kelvin who is 5 years old and Prisca who is one. He moved from Ntcheu after secondary school to make a living in Lilongwe. Austin and his wife are HIV-positive, while their children are both HIV-negative.

He says:

“I want to live a happy life just as everyone is living. I am now 10 years with the virus but still alive and healthy. I haven’t started taking ARVs yet.”

Finding Out About HIV

How did he first learn about his HIV status?

After the death of his nephew in 1999, Austin decided to go to MACRO to learn more about HIV and AIDS. While there, he watched a film on the virus and decided to get tested and found out that he was HIV-positive.

He said, *“I got very depressed…and felt useless. My life was worthless. I thought I was dying any day. I didn’t really know what to do. I was counseled by the Counselor but still felt bad…. I tore up the paper with the test results because I didn’t accept it. The Counselor told me to come again after three months and I did. The results were the same and I had to accept it. I said to myself, I have the virus and it’s in me, it’s mine and I will be with it wherever I go….*

What helped me accept my test results is my healthy status compared to my friends.”

Learning to Accept HIV:

In time, Austin learned to accept his HIV status. He joined a NAPHAM support group in 2000 and began to learn more about taking care of himself and accepting his status.

He says *“joining a support group really assisted me. My friends encouraged me to be myself and stay healthy.”*

At that time, Austin also decided to plant fruit trees as a sign to his family of his will to live and live positively by taking care of himself and his family.

He says, *“It was always my prayer that I see the trees grow and produce fruits. I was asking God to keep me healthy so that I could take care of my family. The trees are called manyumwa and jambula and both of them have produced fruits…we have already started eating the fruits. I feel so good and happy that I grew a fruit tree and have eaten its fruits. I’m happy that what I planned has been achieved….”*

Living Positively without Treatment:

As someone who is HIV positive, Austin came to understand that being healthly involved access to health care, starting treatment as soon as he was eligible by the CD4 criteria, and living positively at home.

In 2003, he was advised to go to the hospital to get his CD4 count checked to see if he was eligible for ART.
He says, “My CD4 count was 320 by then. The doctors told me not to start ARVs, saying that they only give those to people with CD4 counts less than 250. I was not satisfied because I thought ARVs would boost up my immune system and I would be even healthier. Instead, they advised me to eat a variety of nutritious foods which would help in boosting up my immune system and to continue to get his CD4 count checks regularly.”

In 2004, Austin once again went to the hospital to get his CD4 count check and it was up to 378 from 320. “This encouraged me that I can survive. My body was looking much healthier than my friends’ bodies. I felt much healthier and I was constantly asking God to take care of me. I have several goals in my life that I want to achieve.”

Eating Well in Health and in Sickness

How does Austin do it?

He tells us *"I make sure I remain healthy by doing different things…I do sports and eat a variety of foods which make me healthy."*

In order to ensure his health, Austin usually eats local foods such as chicken, bonongwe, usipa, ziwala, soya.

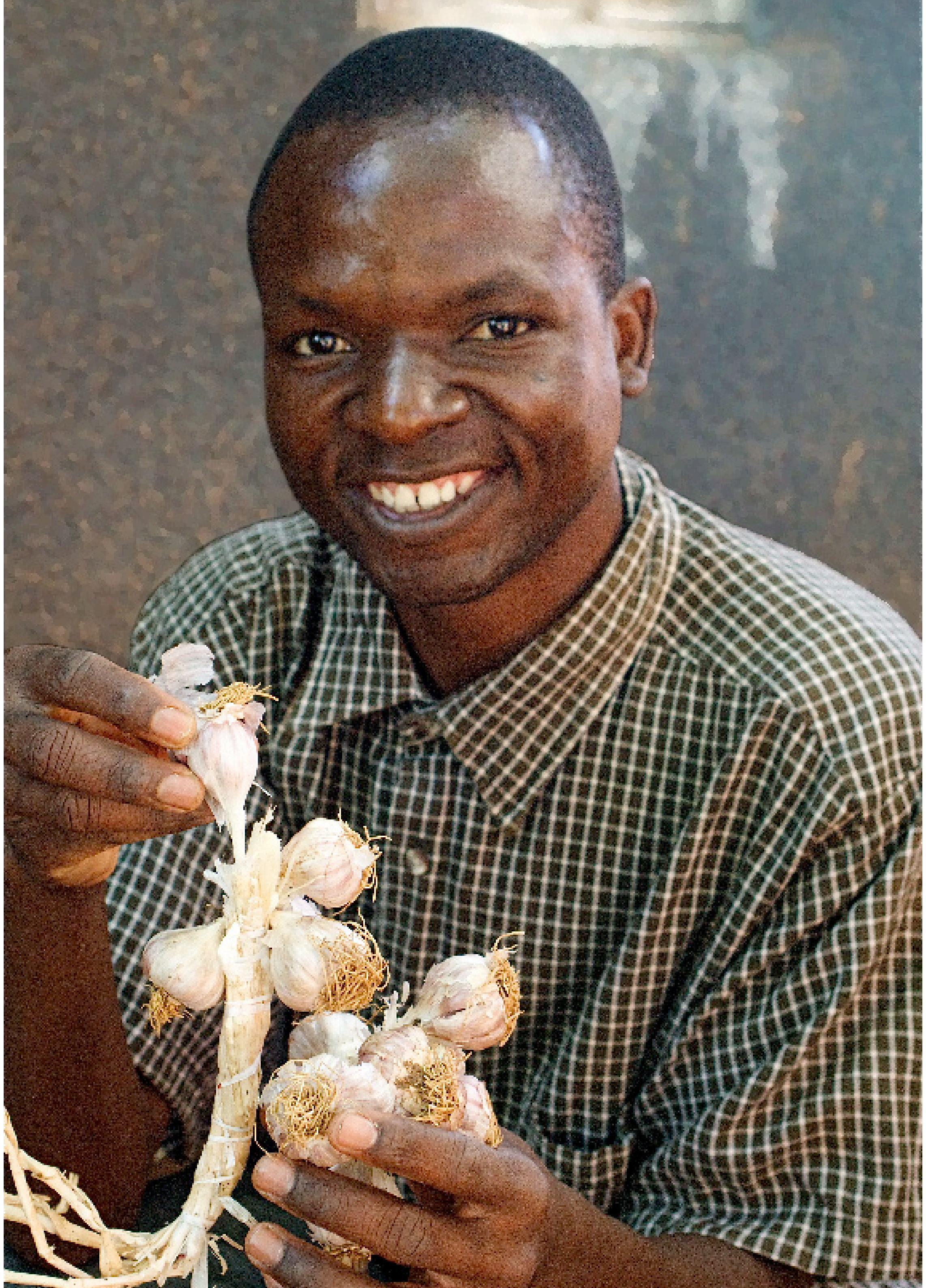
He says *"I like soya porridge and go to the market and buy some fruits like bananas, avocado pears, mangoes. I concentrate on local foods which I can afford.*

Austin uses the support from the group to learn other ways food can be used as natural remedies for routine health problems.

He says *"When we meet at our support group, we discuss traditional medicines which can assist us when we get sick such as aloe vera, garlic, and lemons. For example, when you have developed skin rashes, which may cause you to get infected with other diseases, you can just use aloe vera on the skin….*

We also teach each other how to make power drinks. We take garlic, ginger, and lemon juice. You have to pound these and use the same measurement and mix them; then we add honey. Power drinks help to boost up your immune system.

Pumpkin seeds help remove tapeworms."



Staying Fit and Positive

Austin also stays very active physically to maintain his strength.

Austin and his friend and fellow NAPHAM support group members just successfully cycled more than a thousand kilometers from Chitipa to Nsanje in an effort to raise HIV and AIDS awareness and secure resources for the youth in their support group.

Austin said that this undertaking was especially important to him because people need to be reminded that men and women living with HIV and AIDS are just like everyone else.

He says, *“Whatever our friends are doing we can also do provided we accept our status and take care of ourselves. People thought I would die after this activity but here I am… still healthy.”*

Austin recognizes that his peace of mind is very important and doesn’t allow other’s fear of HIV affect him.
Austin has had to deal with stigma and discrimination, such as people shouting at him that he has AIDS and is going to die.
In response, Austin says, *“I tell them that they don’t have to worry, since the virus is mine, it is with me and not them.”*

My Message to Others

Austin’s advice to his friends is to accept your status, take care of yourself, and continue to reach for your dreams.
He tells them that *“The virus is with us; and we need to accept that the virus is with you and you die with it. However, in the meantime, you are not dead. I am still healthy and alive. I always think of how best I can take care of my two kids and that keeps me going. I have a vision.”*

Austin continues to check his CD4 count regularly to determine when he may need to start treatment.
Today, Austin’s CD4 count is more than 550. He continues to eat locally available nutritious food, cycle to and from work participate in his support group, work around his house and yard, generate additional income through selling some of his wares, and enjoys his time with his wife, their two children, and his in-law and brother who live with him.


10 years with
without AR

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Treatment and Support: Ruth Senzani’s Story

Introduction

For most Malawians, taking care of one’s health will eventually require being on treatment. Starting treatment early, as soon as one becomes eligible (CD4 count less than 250), has many benefits. Because ARVs reduce the viral load, the risk of developing oppportunistic infections is very low. It also reduces the risk of passing HIV to others. Many people on treatment, feel more energy and live long and happy lives. But, the road to successful treatment is not always easy.

Let’s meet Ruth.

Ruth Senzani is 38 years old and from Chiladzulu District. She is married to Sandy Senzani, who comes from Ntcheu District. Ruth and Sandy met in secondary school. However, they went their own ways and ended up marrying other people. They met again after the death of both of their spouses and decided to marry in 2004.

They tell us *“We decided to bless our marriage in church this year in June. To us, this is a sign of commitment for our marriage and each other.”*

Ruth and Sandy have two children, a girl who is 18 years old from Ruth’s first marriage and a boy who is 13 years old who is named after his father, Sandy.

Dealing with HIV and New Treatment

Ruth discovered that she was HIV-positive in 2005 after experiencing many health problems. *"I used to have several health problems before I met my husband…. This is why I think I contracted the virus some time back, only that I did not know. I went for an HIV test because I used to have frequent health problems. A month would not pass with me not getting sick and that forced me to go for an HIV test."*

"When I was told that I was HIV-positive, I really felt bad and my heart broke since I was not expecting such a result. There was no way I could believe this result since I knew that most people associate people who are HIV-positive with promiscuity. I had always been faithful and that is why I could not believe the result. When I came home, I decided to tell my husband about my test result. I was crying as I told him but my husband supported and encouraged me. He told me that being HIV-positive is not the end of everything. This gave me hope and I then started feeling much better.

"I started taking ARVs in the same year 2005. It only took some months, maybe less than six months, after discovering that I was HIV-positive that I started to take ARVs."

Nevertheless, Ruth experienced side effects from the drugs she was given that were very disturbing to her.

"I started with one treatment (T40) but did not take this drug for long because I experienced numbness. At times my shoes would slip off and I would not know and continue walking. These problems came within the first month. I then went to the clinic and they switched me to another treatment (T30)."

On her second treatment regime, (T30), Ruth experienced other side effects which made her feel depressed and stressed.

"Looking at the way my body's appearance was changing and building up, it was as if I was a man who played football. My veins became so vivid in my arms, my cheeks started sinking and the joints in my elbows and knees became narrow and started sinking as well. At times I would be really itchy. I went to the hospital but they did not assist me very well. They ignored my complaints even though I had heard several times from other people that they had similar side effects and had shifted to other treatment regimes. I also lost my appetite and this made my condition worse".

Taking Action for Health

Ruth decided to take action to take care of her health.

‘I consulted and requested one of our counselors at NAPHAM to take me to another doctor since I knew that he knew many doctors. He took me to a doctor at University of North Carolina, who was a young lady, and she was finally able to assist me. She initially said that it was not a big deal to have these side effects since it was only the body appearance that changed. I told her that those changes were enough to trigger stress within me and I insisted that I didn’t want that stress. They then shifted me to AZT. They also warned me that the new drug could make my blood level drop, causing anemia. I asked how I could prevent such a problem and they advised me that I should eat foods such as milk, eggs, and vegetables. This is now a fifth month since that time when the change was made and I am healthy. I do not have problems. After a week, I noticed that my body appearance started changing for the better.”

Although Ruth has experienced many side effects with finding a treatment that suited her, she says, *“I really see great changes since I started taking ARVs. Previously, I used to have frequent health problems. I could start shivering even after taking a hot bath. But now with the ARVS, things have changed. I even take a cold bath now.” I am no longer worried….*
I know I will not die of AIDS. Everybody will die and I know I will die but not from AIDS. I currently do not have other problems, not even stress.

Adherence and Support

Nevertheless, Ruth discovered that being on treatment requires support from others that you trust.

"I receive support and encouragement from my husband in addition to my relatives. I thought it was important for my relatives to know about my status so that when I am sick, then they should not be bothering themselves looking for other treatments for my condition. So these people support me even when I am sick and hospitalized. They remind me to take my ARVs including my daughter, Jacqueline. My daughter calls me sister since everybody calls me that way. She usually reminds me and says 'asisi mwamwa mankhwala'? [My sister, have you taken your medication already?] I opened up about my status to people I trust. Initially, we kept it to ourselves as a couple but then we thought we should tell them so that they support me."

Remembering to take the drugs daily is very important to staying healthy. Ruth tries to find effective strategies to remember to take her medication every day.

"I usually put my ARVs alongside other body lotions and cosmetics. In that way, I am always reminded to take them as I prepare for work. I see the bottle immediately I come from the bathroom. During the night, I also put it together with a glass of water since I like drinking water during the night. At times, when I am not thirsty and don't feel like drinking water, I forget to take my drugs and go straight into bed. But we usually remind each other [her and her husband] and we ask each other 'my friend, have you taken medication?' In such a way, we then remember and take the ARVs."

"Since I am very healthy these days, there was a time when I thought I should stop using ARVs. I went for a check up and I noticed that my immunity was high. I asked the doctor if I could just stop using ARVs. But the doctor advised me that stopping taking ARVs is dangerous. This is because ARVs are supposed to be taken for life. I then made a decision that I would not stop taking ARVs."

Family Planning

Because Ruth and Sandy are both aware of their HIV-positive status and are on treatment, they take care of each other's health by using a family planning method.

Ruth revealed that *"We use condoms as well as the interuterine contraceptive device (IUCD) as a means of family planning. I know that condoms may not always be effective. That is why we also use IUCD so that I do not become pregnant."*

She adds that *"Being on ART treatment has in no other way affected our sexual life. What is very important is to accept your situation and be ready to follow advice. We always use condoms and it is alright with us."*

My Message to Others

Ruth says,

"If I am to advise somebody who is just starting ARVs, I would encourage then to go to the hospital frequently and take their medication according to the doctors' advice. Taking ARVs is good. If s/he has problems, s/he should also rush to the hospital. I was told at the hospital that some people develop problems as I did; in that case, one need not worry. What is important is to rush to the hospital rather than staying home or stopping medication."

3

Relationships and Family : Steven and Agness Mpakati’s Story

Introduction

Having a healthy, loving relationship with a partner is also an important part of achieving one’s dreams. We will now hear the story of a couple who are dealing with being a discordant couple (in which one person is HIV-positive and the other is HIV-negative) and their decision to have a child.

Meet Agness and Steven:

Steven and Agness Mpakati are in love and have a very special relationship.

Steven tells us,

“It’s a great love that we have towards each other. If we took what other people were saying, we wouldn’t have married each other…. But I am sure it’s God wish; He created her to be my wife; He made it in such a way that I marry her despite her being HIV-positive. I have been tested two times now but they have always found me HIV-negative. Just last week, I went for testing again and I was HIV-negative.”

Dealing with HIV

Steven and Agness come from different villages within the same Traditional Authority, Mlumbe. Their parents have been great friends since they were young and go to the same church. However, Steven and Agness' relationship began much later in life. Agness had been married previously. During her first marriage, she became quite sick and her husband left her. Soon after, she learned that she was HIV-positive. Her husband had been previously married and his first wife possibly died of AIDS.

She explains that *"In 2002, my first husband left me while I was very ill; but during that time, I didn't know that I was HIV-positive. He went and married another woman. Then, my grandmother started going around telling people in the village that I was HIV positive and that by the year end I was going to die."*

"However, my aunt (younger sister of my grandmother) helped me to get onto ARVs and I started taking ARVs in 2004. Unfortunately, once I started taking ARVs, she said, 'I have saved your life; but I will no longer help you because we have already messed up your life'…."

At this time, Agness was shunned and stigmatized by family and friends alike except for her mother who continued to try and take care of her and encouraged her to stay healthy. She remembers that,

"In 2006, I found that my health condition improved greatly…. I was very healthy and no longer sick and could work around the house. However, people still stigmatized me."

Finding A Loving Partner

Due to this stigmatization, Agness felt that she needed to find a partner to help her shoulder some of the burden and live happily together. When Steven and Agness first started dating, Agness did not reveal her HIV-positive status because she was afraid to do so. *“I didn’t know where to start and always wondered how I could tell him.”*

However, Steven began hearing rumours from other people. Steven explains, *“As we continued with our relationship, people from her home village, her relatives and other people who did not wish her good luck told me that she was HIV-positive. They said, ‘Brother, you mean you are in love with this girl? Be careful she is HIV-positive.’ I didn’t believe it because I loved her so much.”*

“However, deep down in my heart I was worried and one day I sat down with her. I asked her…’my dear, is it true that you are HIV-positive and you are taking ARVs?’ She was afraid and didn’t want to tell me. She refused and I insisted, encouraging her that she should just be frank with me because by telling me the truth,I could see how we could help each other.Then, finally she agreed and said ‘It is true; I am HIV-positive and I’m taking ARVs. I didn’t want to tell you because I don’t know what will happen next if I tell you the truth. I love you so much.’When she told me that she was HIV-positive, I felt…broken hearted and cried some tears, thinking that my life had been destroyed.”

As a result, Steven decided to get tested. Agness went with him for emotional support. Steven’s results came back negative but Agness worried, thinking that he would now end their relationship.

Steven had different plans. He explained that, *“at the hospital they advised us that there was no problem. We could marry each other despite one of us being HIV-positive, provided we followed doctor’s advice. We continued our relationship because of the great love that I had towards her.*

Agness says that *“People kept on saying so many things but we two didn’t mind because we loved each other so much. My parents were also against our relationship saying that I would infect somebody’s child.”*

In the face of everyone else’s concerns, Steven and Agness were married in 2006. Steven reveals that *“Both of us were not sure whether our parents would accept us marrying each other.”* When Steven informed his parents about his decision to marry Agness. they were depressed and showed disappointment. I said, *‘Mom, I love the girl so much and when I say I love a person I really mean it. I cannot leave her and I don’t mind whatever happens.’ They said, ‘Fine what else can we do; that’s what you want to do and we cannot stop it.’”*

The Decision to Get Pregnant

After Steven and Agness were married, Steven moved to Lilongwe to look for work. A few months later, he moved Agness to be with him and they visited Kamuzu Central Hospital to make sure that she continued treatment and received counseling on the risks of getting pregnant.

They were using condoms since Agness did not want to have any more children due to her serostatus. She has a son who is HIV-negative from her first marriage. However, Steven really wished to have a child together. Despite the advice given at the hospital, they decided to have sex without using a condom. As a result, Agness became pregnant in 2007.

Although Agness was quite worried and depressed, Steven consoled her saying, *“don’t get depressed, we will accept whatever comes, if anything happens to you, you are with me. If God wants to take you, you will die in my hands. If you will be okay, you will be in my hands.”*

When they went to the hospital, they were also counseled and Agness was reassured. Being on treatment, she was in good health with a low viral load. They were told that they could have a healthy baby as long as they followed doctor’s advice regarding antenatal care and nutrition as well as continued using condoms again.

Steven proudly reports, that their child, Mayankho (his name means answer or response) was born on 8th April, 2008.

Angess tells more about her pregnancy and delivery, *“When I was attending antenatal services, I was told that I would be given nevirapine when I started labor. But later, I was told that they couldn’t give me nevirapine because I was already taking ARVs.   But, they would give nevirapine to my baby. When the labor pains started, I took my ARV tablets as usual and went to the hospital and delivered that evening. The next morning, the nurse gave my child nevirapine and I was discharged. They told me to come back to the hospital after 6 weeks so that my baby could get tested. They wanted to find out if the baby has been infected during delivery. After 6 weeks, I went to the hospital as advised and he was found HIV-negative. I was told to come back again after 6 months and 2 weeks. If they found out that he is still HIV-negative, I would be advised to stop breastfeeding the baby; but if he is HIV-positive, I could continue breastfeeding.”*

Mayankho was recently tested and the results came back HIV-negative once again so they have stopped breastfeeding and are feeding him milk.

Living with HIV as a Family

Agness and Steven are grateful for the health of their son and each other, but have decided not to have another child.

Agness reveals that *"We are using condoms and I don't want to have another child. I tell my husband that now he has the child he wanted to have, so we should not have another one. I don't have to risk my life again. A chance does not come three times in one's life".*

Steven and Angess's advice to others is that *"they should love one another and should not discourage each other. They should forgive one another."*

Steven continues by saying, *"For couples that are discordant like us and they want to have a child, it is very difficult to tell them what to do. We could tell them what to do but we don't know how they live as a family. With me, when my wife is tired, I don't get disappointed. I just come in and assist. Sometimes I can tell that my wife is not feeling well and I take over, doing all the household chores. Even when she is not sick, I assist in household chores."*

Agness adds, *"I would advise my fellow women to find a real and true partner, but in terms of wanting to have children, it's up to them…. I would only advise them to marry…a responsible man who will take care of them."*

Our Message to Others

“Both of us have learned that a person who is HIV-positive should not think that he/she is already dead. A person who is HIV-positive is just like anyone else, just like a normal person and there should be no discrimination.”


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Healthy Communication in Relationships: Charles and Eliza Kalonga's Story

Introduction

As we learned from Steven and Agness Mpakati, being HIV positive plays an important role on couples' decision-making around sexual and reproductive health issues, and particularly on family planning and safe pregnancy and delivery. We will now listen to the story of Charles and Eliza who are also dealing positively with HIV in their relationship.

Meet Charles and Eliza. Charles and Eliza Kalonga have been happily married for over six years. They were both married previously and divorced. They then met each other and married in 2002. Charles has two children from his first wife, while Eliza has no children. She gave birth to a child by her first husband, but the baby died immediately after birth.

Throughout Charles and Eliza's marriage, they tried to have children. However, once they learned their HIV-positive status, they decided that they no longer wanted to have children because they wanted to protect each other's health.

Eliza explains that *"We did not know each other's status at the time when we were marrying. I had my HIV test in November 2006 when I started getting sick frequently. I went to Bottom Hospital and they diagnosed me with TB. The hospital personnel told me that it would be good if I tested for HIV before they started me on TB treatment. I accepted this suggestion and took the test. I told my husband that I am been tested for HIV and that I was supposed to return the following day for my results. The next day, I learned that I was HIV-positive."*

Disclosure

Disclosure to her husband was not easy but Eliza knew he had to know. She recounts that,

"I came home and told my husband that I have HIV. I showed him the results and he just kept quiet. I didn't take time to think about how I was going to disclose; my plan was just to give him the results. I was not surprised with his response."

Charles was surprised by her results but reacted pragmatically. He tells us that "*After seeing the health passport, I encouraged her to continue taking the drugs and follow the hospital's instructions. Of course, I was surprised when she told me that she was HIV-positive. But she is my wife and I love her."*

At that time, Charles did not know his HIV status and didn't feel the need to be tested. He says,

"My wife encouraged me to go for a test, but I felt fine so I thought I didn't need any medical attention.. I continued with my day to day work to earn money for the household. I finally went to get an HIV test a year later in December 2007 when I started having problems similar to what she experienced when she went for an HIV test."

Their HIV-positive status changed their lives but they continued to love and support each other and make decisions that would protect each other's health.

Charles explains that, *"As a couple, we had always wanted to have a child for the six years that we have been together. However, we decided to change this after knowing that we are HIV-positive. We thought giving birth would compromise our health, especially the health of my wife."*

The Decision To Not Have Children

They made the decision not to have children jointly.

Eliza explains that *“I am the one who brought up this possibility first to my husband. I explained that I thought we would be risking our health and that of a child’s if we were to become pregnant. He listened to my suggestion. It did not take him long to agree with my suggestion because of the way he was – he was really weak then and we were both afraid that we would become even sicker.”*

Since they had previously always wanted a child, Charles and Eliza had not used any family planning methods for the first four years of their marriage. *“We then decided to using condoms after being told of our status.”*

Charles explains that “*Based on the counseling we receive from the clinic, we use both male and female condoms but never at the same time. Whoever is willing to put on the condom, then wears it. If neither of us wants to put on a condom, then we do not have sex. We initially had problems always using condoms because we were tempted to think that it is better to have natural sex. But we now know differently and use condoms so that we don’t re-infect each other.”*


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FEMALE CONDOM

Dealing with Stigma and Community Expectations

Charles and Eliza have faced many challenges in being HIV-positive and deciding not to have children.

Charles says *"As an HIV-positive couple, we have problems, such as frequent side effects from some drugs and discrimination, especially from my relatives. We have not disclosed our status to them, but they know since they are the ones that care for us when we are sick. We encourage each other and follow instructions from the clinic so that we are healthy. Joining a support group has also encouraged us. My wife is the one that started going to this support group."*

Eliza explains that *"I joined the support group because I opened up to a friend who had been going to this support group and she is the one who led me to it."*

She also reports that *"People talk and mock us for not having a child. Especially the relatives of my husband but I just ignore them. Even my neighbors talk a lot about me and they sometimes sing some sarcastic songs. Of course, they do not know why we do not have a child."*


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ive Up, Never Forget

Our Message to Others

Charles concludes by saying *“I have learned a lot through our experience. One of the things that I have learned is the importance of understanding each other. If it were not for understanding each other, I think we would not have made it. Dealing with people who discriminate against us and talk about us not having a child has also taught us lessons. One way through which we have dealt with this is by taking in children from relative and caring for them. We have a five year old child who happens to be my niece and some people think that it is our own child. This child has really helped us to cope.”*

5

Finding A Supportive Community: Reverand Gilbert Momora’s Story

Introduction

All of us seek a supportive community where we are accepted for who we are, and can find laughter and joy. We also want to be able to offer ourselves to others and contribute to a more positive future for everyone. All of the stories we have heard so far, have in some way talked about ways in which people living with the virus have coped with judgements from others. We will now explore issues of stigma and discrimination through Reverend Momora’s story. Reverend Momora is HIV positive and a minister of the Evangelical Baptist Church.

He says, *“We have a responsibility to do away with stigma. Instead of healing people, we sometimes kill them by stigmatizing them.”*

Meet Reverand Gilbert Momora.

Reverend Gilbert Momora was born in 1970 and is an only child. He attended the Evangelical Bible College Of Malawi in Blantyre in 1999. While in college, HIV entered his life. He was married the year before and he and his wife, Elube, had a son that first year of college.

Learning To Accept HIV

Gilbert didn’t know his HIV status until sometime after his marriage . He says,

“I could sense something was wrong in our family. I could see that the child was skinny and the mother was always feeling unwell. This made me think that I should go to the hospital for an HIV test. In 1999 I went. The nurse doing the test was a member of our church. She wasn’t comfortable telling me the results. Finally she told me, ‘Don’t worry because you are not alone.’

Disclosure and acceptance of his HIV status took time for him. He says,

"When I went home, I didn't tell my wife for a month. When I told her, she said that she wasn't surprised that I tested positive. Then I had to remember back. When I was marrying her, I asked her if there was anyone who wanted to marry her, but she said no. A few weeks later, someone came to me and said there was a boy who wanted to marry my wife and then I saw this boy was dying. For me, it was like wow. I had to ask my wife again."

"This time, my wife said it was because that boy had died. Then I said to her, " but you told me that there was no one to marry you and today you say something different."

"But I accepted it and I told her to remember Joseph when he learned that Mary was pregnant – 'He didn't want to despise her.' There is no problem; let's keep on. We maintained."

Public Disclosure

Telling others about his HIV status, was a process as well. He says,

"When we were in the final year of my Bible College I brought my wife to the college and she started . . . to say that God wants me to reveal the secret. Can you tell the people of the college to come together because I want to repent? I want to tell them what I did." Gilbert reveals that "To me, it was a bigger thing to do. For two weeks, I was troubled. When we gathered for evening devotions, my wife would just show up and try to speak. But luckily I was the chairman of the college so I could say it's time to sleep and people would leave."

"One day, we were in the library reading at 7pm. When I went to our room my wife wasn't there. I couldn't find her. I went to another room to ask and she wasn't there either. Then I went to the intercession group and she was there. I asked two older women at the college to sit down with her. When they went there, they started praying and later called me to come in., That's when she started saying I want to tell you people that I infected my husband. That is troubling me and I want to tell the college about this. I said no. We don't need to tell the college about this. By that time, I had already told the pastor, the elders, and headquarters here. But I did not see it relevant to tell the college because I was there for three years and I was in my final year."

Dealing With Stigma

Although he was happy with the response of his community, he has experienced stigma and discrimination in the past.

He says,
"In the beginning, it wasn't always easy. When I tested positive, I had to tell the pastors, the elders, the directors, and fortunately, they accepted the news positively. But I remember once we had a meeting of 300 plus pastors for a pastors' conference here [Evangelical Baptist Church in Liwonde]. I wanted to tell them about my HIV status but before I told them, I asked them what would you say or do if you heard or saw somebody who was HIV-positive? They said they would laugh. I was in front of them, wanting to tell them and then they said we would laugh. So I didn't tell them. That was the first encounter that made me ask so many questions."

"There was also another time when a church wanted a pastor and I was one of the people nominated to compete for the position. I was told by one of the women that another contestant said, ' don't choose Gilbert because he is dying.'"

In time there is healing with those who have hurt him. Gilbert shares one painful memory of stigma that came from someone he knew and trusted. He recounts that *" Many years ago, before I had revealed my HIV status publicly, I was coaching soccer for my team to play a match I had to pick sides for my team to play, and the son of a pastor wasn't picked. He was so angry, he told everyone there, "Gilbert is stopping me from playing". He kept on saying to me, "you are going to die in 6-months time.' This was very awkward for me because no one knew that I was HIV positive. But I just told him that he should accept that whoever is better should play on the team."*

What hurt Gilbert the most was the fact that he had trusted and disclosed his HIV status to this young man's father. The pastor had obviously shared his confidence with his entire family and this had been used against him.

Years later, this same young man's mother heard Gilbert recount this incident during this year's Candle Light Memorial on May 18th, 2008 in Lilongwe. She asked him to please forget this thing that had happened and for them to look forward together as friends. Now, he is able to be friendly with the family but they have never been able to apologise for what happened.

A Path Forward to Healing

Gilbert has faced many challenges with the loss of his first wife and their child. However, he is thankful that he is still not on ARVs and sees HIV as his ministry.

He says, *"What has helped me is mainly the welcoming that I receive from other people; when other people accept me, that encourages me to be free. I'm a believer and I believe that Christ is living and if I die, I die for Christ. If I live, I live for Christ. So to me everything is gain – whether I live or die. I also remember my principal saying, don't worry, God has given you a ministry. I didn't take it as a mere word but how can this become a ministry."*

Gilbert proudly talks about finding a path of healing for himself and others . He says, *"Right now this is the language I speak. I speak HIV. When I'm at home and people go to the hospital and test positive, they come over to my home. A group has been formed as a result of people who are HIV-positive or affected. So to me, it's a ministry. I'm always happy to speak about HIV."*

Reverend Gilbert Momora is the Youth and HIV/AIDS Coordinator for the Evangelical Baptist Church, ministering to congregations and centers throughout Malawi and in some parts of Mozambique, as well as the Chairman of the Executive Committee of the Evangelical Baptist Church in Malawi. He is also on the board of MANERELA + (the Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS). Through his teachings, he met his second wife Gertrude.

After the death of Elube in 2004, Gilbert told himself that he would not marry because he was HIV-positive. However, Gertrude, his current wife, challenged him.

He recounts that
"I remember I told her I cannot marry you. I was thinking this way because of my HIV status and not necessary because of what I had undergone. I told her if she was serious, she should write a letter explaining the reasons why we should marry each other. We still keep that letter today.

We later went for counselling to decide if we could marry each other. We faced obstacles there as well. Because Gertrude is HIV -, she was initially told that she should not marry me by the counsellor. She was so angry with them, she walked out. With MANERELA, we finally found support for our relationship. We got married on June 24, 2005. We have a daughter. Her name is Hope. She is doing well. She's almost three years old now. She speaks, sings songs, walks and plays like much bigger children.

Gertrude and Hope are still both HIV-negative. When asked how Gilbert ensures their health, Gilbert says that *"We have been trying our best that my CD4 count should not go down."* He tries to eat well, exercise, stay positive in his attitude, and of course, uses condoms to protect his wife from infection.

Besides his family, Gilbert has found encouragement in a support group that he has founded. The Kwatukumbuchire Malai, translated from yao meaning “remember us tomorrow”, is an interfaith group of Christians and Muslems addressing HIV issues. Although he is very open and speaks to his congregation and others about his status, it has been difficult for him to tell his mother since he is her only child. In this way, the support group has been a great blessing. His mother is a member, and at the meetings, Gilbert teaches about positive living and the stages of disclosure. *“So that I can prepare her that people can live with the virus.”*

Taking HIV as a ministry to help other people has also given Gilbert much relief. *“When someone comes who is HIV-positive and asks me questions. Sometimes he can also look and say he isn’t positive, but to me, this person is asking questions and learning from me and I’m not sick. Psychologically, this heals me.”*

He not only works HIV/AIDS messages into his preaching and teaching, he is also developing a curriculum addressing stigma from a theological basis.

“We have a responsibility to take care of our members. The issue of taking care of the sick is not new to the church. In the Old Testament, those affected with leprosy were not allowed to stay together with other people and were regarded as “untouchables”. In the New Testament, Jesus healed and even touched them although it was an infectious disease and connected with sin. Caring for the sick is our responsibility as a church.”

My Message to Others

When faced with naysayers, Reverend Momora speaks about Paul who was bitten by a snake. *“Everyone was waiting for him to die. However, he was still healing people. God can help us live with a problem so that we can help other people who also might be facing the same problem.”*

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