

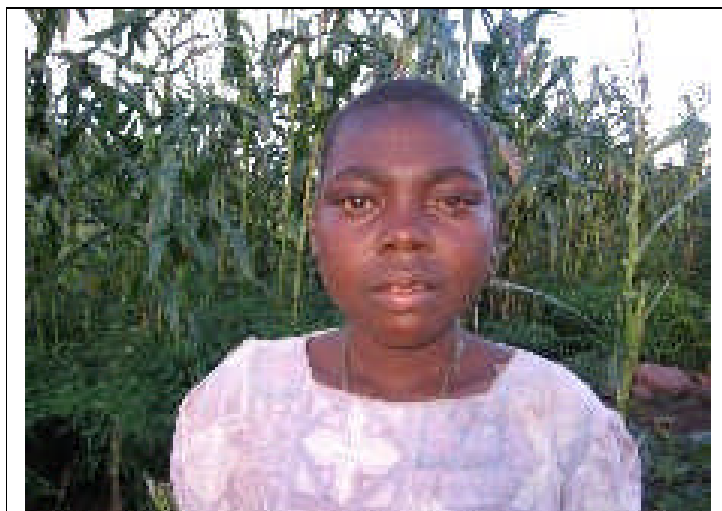
LIVING WITH HIV and AIDS - MALAWI

Case Study: Kunthata Chimoto, 16, grade six at Chikhala Primary School, Malawi.

My parents died of AIDS. I cannot remember how they looked, what they liked or how they would want me to live. I miss them. I don't know what it would be like to have biological parents.

My grandmother knew that I was HIV positive before I did. The doctor and my grandmother thought I was too young, at 14, to know my HIV status.

My peers already suspected. I had lost weight, had skin rashes and frequent coughs. It was distressing because I did not know the truth. My grandmother underestimated my ability to understand. After a year of uncertainty she finally told me my status because she knew it was the only way I might get antiretroviral drugs and counselling.



Kunthata, 16, is one of nearly 500,000 children orphaned by AIDS in Malawi. It is estimated that 14% of the population are living with HIV and AIDS.

I was not surprised, but it was as if my death sentence was confirmed. I was distressed for three months. I saw no reason to live. I could not go out and chat with even my closest friend and if she came to visit me I refused to talk.

Our community Medical Assistant counselled me on how to live positively with HIV, and from that I became a transformed person. I decided to live on with HIV. I came out and joined the community. I played with my friends.

About a year later, I started talking about my status openly among friends, family members and villagers. I needed to speak out so people could understand and support me, but also to let them know that HIV is real, painful and should be avoided.

It was not easy. Many of my friends did not want to be seen with me. They believed I would infect them and their parents told them to avoid me. But the church slowly understood and people started praying for me. They supported me.

Toward the end of last year I became very sick, bed-ridden, and I was discharged from the hospital to die. World Vision took me to a private Catholic Hospital where nuns provided me with loving care.

I was still struggling with skin cancer. At this time World Vision and Ntchisi District Hospital referred me to a government institution that provides anti-retrovirals. The first two weeks were difficult, but after three weeks the drugs helped me to gain weight.

I am now strong. I'm a member of a village youth group that works on HIV and AIDS, and I am back at school.

Malawian children who cannot access anti-retrovirals are in as hopeless a situation as I was. Their future is finished. They are in pain. Many are living far away from the hospitals that can provide the drugs. They cannot walk, they can't afford transport.

My cousin Kelvin had AIDS. He was staying with an old grandmother who could not help him to get anti-retrovirals, and he died. That is an awful thing, and now that we can stop it from happening, we must.

Adults often have ways to afford anti-retrovirals, but children depend on the consideration of others. Anti-retrovirals must be provided for children in their village. We need food to support the treatments. We need clothes. We need love.

Government, NGOs (non government organizations like World Vision) and people with power and money should not forget to share with the poor in need.

For you to do

1. Create a mind map showing the impact of HIV and AIDS on Kunthata's life.

