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SENSITIZATION CAMPAIGN ON STI/HIV/AIDS IN THE  
MENCHUM DIVISION NORTH WEST REGION CAMEROON  
FROM 2ND OF JUNE TO THE 4TH OF SEPTEMBER 2001

PRELIMINARY REPORT

September 2001

Urban and Rural Animation, Participative Research Action, Feasibility Studies, Diagnostic,  
Training

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## **I. ACKNOWLEDGEMENT**

It is befitting for us to pay deference to some persons and institutions that with their support and guide, made it possible for us to accomplish our mission in Menchum Division.

Special thanks go to the general population of Menchum Division for their cooperation and collaboration because, without them, there would have been no sensitization on AIDS and STI's. We pray that they may continue in like manner to support projects geared towards development in their division.

The Administration and traditional authorities did not miss an opportunity to guide the team out in the field. Here, we have in mind the sub-divisional officers, municipal councilor, chiefs and Aldores who were part of the team at some points in time; the second assistant D.O for Wum Central, the sub-divisional officer for Furu-awa Mr. Mbako Martin, the councilor for Fungom rural council Mr. Abdu Kum Achang, the chief of Modele Ayo, Joseph Fang, the chief of Bafmen F.A Nyah and Aldore Sulle of Adorate II.

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More so, we acknowledge the Provincial Delegation of Public Health who acted as the supervisory body through out the sensitization campaign.

There is an adage which says: "one hand cannot tie a bundle". IDF could not have ventured alone into a project of such magnitude without the support of a giant in development, the German Technical Cooperation (GTZ). We are short of words to thank them, especially for their timely interventions into the project. The trip to Furu-awa for instance would have been postponed to dry season, but the Coordinator of GTZ Youth and Adolescents Reproductive Health project said: "AIDS does not wait on dry season to kill. Many people are dying in Furu-awa. Please, they need you now!"

Last though not the least, we want to thank the entire sensitization crew, including those who acted as the "eyes of the team" in Menchum Valley, Wum Central and Fungom Sub-divisions. We think particularly of Amah Julius, Pa Achankiri Daniel and Fodjong Justice, our devoted secretary Stephanie Djontcheu and the three drivers, Joseph, Jean – Bernard and Ymele Celestin. The list is inexhaustive. May they be assured of our warm regards and may the Almighty continue to bless and protect them in all their endeavours.

## II. INTRODUCTION

In partnership with GTZ, the Integrated Development Foundation (IDF) carried out a sensitization campaign on sexually transmitted infection (STI), HIV and AIDS in Menchum Division North West Province as from 2nd of June to 4<sup>th</sup> of September 2001.

Menchum Division with its capital Wum derives its name from the river Menchum that takes rise from the Kom highlands and flows into the Befang plain. Menchum flows into Nigeria as a tributary of the river Katsina Ala. The Division is bounded in the North by Donga and Mantum Division and Nigeria, in the South by Mezam Division, in the East by Bui Division and in the West by the South West province. It is made up of four sub-divisions with a population of 134 906 inhabitants.

Menchum relief is made up of highlands and low lands. There are many lakes: Lake Nyos, Lake Wum and Lake KUK. One of the most interesting things to note in the lowlands of Baba-Befang is the Menchum falls. These water falls have been surveyed by the Cameroon Electricity Cooperation for the production of electricity as it is the case at Edea; but the project will cost a lot of money and there are not yet enough industries in Cameroon that could make use of all the electricity that could be produced.

The climate **and vegetation** of Menchum is much colder in the highlands while the lowlands and the plains are hot. There is a rainy season and a dry season and the average rainfall is over 200cm.

The populations of Menchum earn their living through food farming, commercial trees (oil palm), collecting timber, fishing, local drafts and cattle rearing. There is a game reserve at Kimbi River along Nkambe – Wum Road.

Some social infrastructures and communication network have been constructed. Generally, the Divisional roads are in very bad state, slippery soil rendering them impracticable during the rainy season. There are few health centers and those existing are poorly equipped. Menchum has only one health district, which entails long distances to get treated, thus encouraging the consultation of native Doctors where generally elementary hygiene norms are not respected, leading to contamination and death.

Sexually transmitted diseases are very rampant due to numerous casual sexual opportunities, traders and visitors from neighbor Country, illegal trade transaction occurring in the border. GTZ survey on 345 youth with age between 12 – 24 years in Menchum has given the following results:

- 5, 1% do not believe in the existence of AIDS.
- 75, 1% have never seen HIV carrier
- 36,4% had more than two sexual partners between September 99 – September 2000
- 58% have never used condom
- 20% have faced problem of pregnancy
- 12% have faced problem of STD
- 25% of the total population think that mosquitoes bites can transmit HIV
- 44% have not used condom during the last love making.

Report and experience also show that the attitudes and behavioral patterns of people within the society determine the rate of the spread of AIDS. This strange illness and its consequences do involve Men, Women, Children, Adolescents, Youths and Adults who are getting sick and dying, especially couples are being separated by death, young people who ought to take care of their parents in their old age are buried by the very old people who later find their lives hopeless. Many people carrying this illness are ignorant of it and spread it all over.

Despite the rapid spread of the killer disease in Cameroon in general and in the Menchum Division in particular, no effective sensitization program exists. That is why GTZ had supported IDF to sensitize the population in interior villages of Menchum Division as pilot areas on the existence of AIDS and all its aspects, so that people can learn and practice attitudes and behaviors that are helpful in the prevention of STI/HIV/AIDS.

### **III. BACKGROUND OF THE SENSITIZATION CAMPAIGN**

Menchum Division is the area of intervention of IDF. IDF in the framework of ASPPA program of the Ministry of Agriculture accompanied the rice grower of rural organizations to reinforce their capacities in the processing, marketing and internal fund mobilization. So, six rice cooperatives are followed up in Menchum and thirty common initiative groups doing multipurpose activities are also in IDF's portfolio. The aim of our interaction with these rural organizations is to support them so that they can organize themselves and earn more money and also consider farming as a profession. But we realized that in villages, when people have extra money, they automatically think of marrying a second wife, or to have more sexual partners or drink more alcohol. In fact, generally in these villages, there is practically no leisure; drinking and sex become the only "recreational activities" available to people. Faced with the rapid increasing rate of STI/HIV/AIDS in Menchum Division, our aim to organize farmers to get more money was threatened. It was important for IDF to include AIDS lecture in its program to sensitize the farmers. No competence in this domain existed within the organization and four years ago, the Coordinator wrote an application to GTZ for the training of its workers as peer educators. No answer was given, and a reminder letter was sent last year. A positive response came telling us that we shall be contacted when GTZ will be ready to carry out some action in the North West Province. Finally in April 2001, we were contacted and admitted into the program. We have already integrated STI/HIV/AIDS sensitization in our traditional program. In fact, two hours were consecrated to the sensitization at the end of every workshop with the farmers, and thirty minutes for normal meetings. We believe this will permit us achieve our aim which is to enrich farmers who will remain healthy and enjoy their wealth.

### **IV. STRATEGIC INTERVENTION USED**

#### ***a) Preparatory phase***

##### **1. Mapping and location of all the villages in Menchum Division**

##### **a. Contact with Administrative authorities and Technical services**

The success of this operation depending of the initial knowledge of the division, we had to contact the SDO of Menchum for the collection of all useful data concerning the division.

From the SDO office, we went to the entire four Division one after another to meet each D.O for the collection of information. We met the D.O of Furu-awa at Wum. After we visited technical services like: the district medical office of Menchum, the Divisional Delegations of Education, of Agriculture and of Environment and Forest.

***b) Matching the information***

- From the SDO office, we had information concerning all the four sub-divisions, their names, their head offices, their situation and the name of the D.O to be contacted.
- From the D.O we collected the list of the villages of the sub division, the map of the region according to the D.O's office if it exists.
- From the technical services: we collected the map of all the health centers of Menchum, from the District Medical office, the map of all primary and secondary schools from the Divisional Delegation of Education.

Back to our office, we matched these data collected to reproduce the most recent map of Menchum in which we located all the villages, towns, head offices, road and the sub divisions' boundaries.

1. Planning

From the updated map, we produced a step by step draft program. We discussed the draft program in a meeting with local animators and some resource persons from the sub-divisions. The program was amended and validated after a long debate and the final program was put up. It was decided that sensitization program will start in Menchum Valley sub-division. Information letters were prepared and distributed by our local animators to all chiefs and quarter heads of Menchum Valley for mobilization of the population and logistic arrangement.

2. Internal and external training of IDF staff

New in the health field, IDF staff needed some capacity building before going to the terrain

- In house, training was done for all IDF staff to permit them to have some basic knowledge on STI/HIV/AIDS. The two days sessions were animated by Mrs. Dr Fombad and were totally financed by the organization.
- Three IDF staff participated in two external trainings financed by GTZ from 23rd to 24th April 2001 at the Pastoral Center Bamenda; one IDF staff attended the seminar on AIDS reserved to journalists, from 14th to 15th May 2001 at Kumbo two IDF staff participated.

3. Synthesis meeting and finalization of operational diagram

Final information was sent to GTZ Coordinator to permit him get in touch with resource persons and HIV carriers so as to be ready to start the operation.

c) **Final meeting**

During this final meeting, GTZ validated the operational diagram and together we agreed for the take off of the project and the contract was signed.

It was also agreed that a working session would be held in Yaoundé between IDF and GTZ to evaluate the first phase. The meeting took place at the end of the Menchum Valley phase and the evaluation was good and IDF was allowed to continue.

a. Execution

According to the operational diagram, the project was to be executed in four phases respecting the administrative configuration of the four sub-divisions. IDF was reinforced by resource persons (Doctor Fombad and Mrs. Margaret...) during the sensitization sessions in Menchum Valley and Wum central sub-division. The two last sub-divisions Fungom and Furu-awa were entirely done by IDF staff who benefited from the job training by resource persons coupled with knowledge acquired previously by mastering the animation techniques.

**V. SENSITIZATION CAMPAIGN PROPER**

a) *GENERALITY*

Generally, the sensitization session was done with a pattern given to us by GTZ, but we did not hesitate to do some little modifications when we found it necessary. The content of each session has seven steps:

Step 1: Content

- What is AIDS?
- Difference between HIV and AIDS
- Signs and symptoms of AIDS
- Epidemiology of HIV/AIDS in Cameroon and in Menchum
- Modes of transmission of HIV/AIDS
- Cultural practices and behavior that help in the transmission of HIV
- How HIV is not transmitted
- Prevention of HIV/AIDs
- Treatment/cure/vaccine
- What are STI's?
- Name the common STI's
- Modes of transmission of STI's
- Relation between STI's and AIDS
- Impact of AIDS on the target groups i.e. youth, women and prostitutes
- Clarification of rumors and false information on HIV/AIDS and condom
- Refer for further help and more information

Step 2: Questions and answers session

Step 3: Testimonies from people living with HIV

- Personal experiences and feelings about HIV/AIDS
- Caring for yourself if you have AIDS
- Advice for everybody and caregivers
- Hope for the future.

Step 4: Demonstration on how to use the condom

Step 5: Distribution of materials on AIDS to the population

Step 6: Informal discussions

Step 7: "item eleven" food. (Added by IDF)

b) *SENSITIZATION IN MENCHUM VALLEY SUB-DIVISION*

The sensitization campaign on AIDS/STDS took place in Menchum Valley sub-division from the 3rd of June to the 16th of June 2001.

Team on this sensitization visited 19 villages and sensitized 765 men, 526 women and 704 youth, making a total of 1995 persons.

Among these were 10 chiefs, 3 sub chiefs, 9 quarter heads, 3 headmasters of primary Schools, 1 chief of post of the Befang health centre, 1 chief (chairman) of a village traditional council, 1 secretary of a village traditional council, 1 catechist and 2 retired soldiers.

3720 materials were distributed in all the 19 villages visited.

There were two main resource persons: Mrs. Margaret Nyuydzewira of GTZ santé and Dr. Mrs. Fombad of the Provincial hospital Bamenda.

There was always an opening remark from the chief or sub-chief or Quarter head. After this, an IDF staff introduced the team and asked the people to cooperate and participate freely.

The resource person then took over the animation by first asking the people what they knew about AIDS. Some said it is called "Nfame" or "Oguna gbo" dog's illness. AIDS would then be explained as the Acquired Immune Deficiency Syndrome. *Acquired* means to get from someone; *Immune*, the defense system of the body made up of the white blood cells is touched, *Deficiency* lacking and *Syndrome* signs.

The Human Immune-deficiency Virus (HIV) causes AIDS. This virus is found only in human beings like coccidiasis is found only in fowls. Only a laboratory test can prove that somebody is Sero-positive. The test is done in Wum for 1000FCFA. An HIV carrier could live for about 10 to 15 years while an AIDS patient can live for at most 2 years.

15000 of people get infected with HIV world wide everyday. In the whole world, 40 millions of people are infected with 25 millions in sub-Saharan Africa. In 1999, 52 000 of Cameroonians died of AIDS and 91 000 orphans were recorded.



As concerns the modes of transmission, 9 out of every 10 infected persons got the virus through sex. Women can easily get the germ than men.

Other mode of transmission include blood (use of contaminated sharp objects, blood transfusion) and from an infected mother to the child in her womb during delivery or breast-feeding. As concerns blood transfusion, the people were told that blood is usually properly checked. If they are scared of it, they should eat a lot of vegetable, meat and other food that gives blood to the body.

For prevention, abstinence was usually stressed to unmarried people. Fidelity was encouraged among married couples even in polygamous marriages. Condoms were prescribed for those who cheat and the “doubting Thomas”

All sharp instruments should be sterilized or individualized. If a baby is born without HIV from an infected mother, the mother would be asked to feed the baby with artificial products. Some HIV carriers are given doses of the anti-retroviral drugs to prevent the baby from infection.

The people were told that there is no cure for HIV/AIDS. However, there are anti-retroviral drugs, which prolong the life of HIV persons.

Syphilis and Gonorrhoea are the most popular STIs in Menchum Valley. The people were informed that these infections if not well treated in the hospitals could become chronic and lead to sterility or death. STIs usually create small wounds around the genitals, which increase the chances of an infected person to get AIDS.

Two people living with the virus gave their personal experiences in their testimonies. They belong to an association of HIV infected persons. They advised parents not to abandon their children if they happened to be HIV carriers or AIDS patients. In Mbamba and Shisong, the people sympathized with the carriers to the extent that some cried during testimonies.

During the demonstration on how to use condoms, some people were called out from crowd who had used condoms before. They were each given condoms to show to the population. They always participated actively during this demonstration. Condoms users were asked to always buy a packet of 4 condoms, which were sold in village stores and pharmacies. They had to check for the expiring dates and if there is still air in the packet before opening. Condoms should be opened at the points marked V. when putting it on, the tips should be held with the finger to prevent air from remaining in the condom. If air remains in the condom, it can break during sexual activity. After, used condoms are tied and thrown into the toilet. During the demonstration, young children were taken away from the group. Material and condoms were distributed to the population.

At the end of each day, the team sat together for an evaluation meeting during which members of the team discussed new information gathered in the course of the day, difficulties encountered and proposed solutions.

#### Observations:

Part of the sensitization team had an accident on the Baworo road. The GTZ Mitsubishi pick-up somersaulted thrice in Bamenda leaving its occupants with little or no injury.

In Bouffi village, the people did not come out for the meeting. The team had to do door to door sensitization.

In Mujang village, the sensitization team was drenched in a torrential down pour. The materials (books) were greatly damaged.

A few people in Benakuma and Befang denied the testimonies. They said healthy people were paid to say they were HIV carriers. Some suggested those HIV carriers and AIDS patients should be encamped or killed, which greatly demoralized the people living with HIV.

In the Esimbi villages (Benakuma, Bouffi, Benade, Banawandu etc...) AIDS is called "Ogouna gbo" meaning a dog's disease. They believe that dogs transmit AIDS so they do not keep dogs in that area. Homes in these villages had posters manufactured in Nigeria depicting a white man's dog having sex with and eventually transmitting HIV to the girl.

Sex in farms is the order of the day in this area. When questioned why they did such things one man asked a rhetorical question, "if one ate at home, was it not natural to eat in the farm as well?"

In Bangwe village, the women complained that their husbands refuse going with them to the health centre each time there was a meeting on family planning.

#### c) *SENSITIZATION IN WUM CENTRAL SUB-DIVISION*

From the 21st June 2001 to 2nd July 2001, IDF in collaboration with GTZ carried the sensitization on AIDS in 24 villages of Wum Central sub-division. Among the participant there were one assistant Divisional Officer, 15 chiefs, 2 Ardores, 3 quarter heads and 2 regents.

The team was made up of one resource person Dr. Fombad, the Assistant Coordinator of IDF, Mr. Dija Jean Baptist, three animators of IDF, one journalist from the post and two HIV carriers from AFSU and a supervisor from the Provincial Delegation of public health Bamenda (Mr. Numfor). Later on, Mrs. Margaret of GTZ Yaoundé joined the team for three days; coincidentally it was the days of Animation of Bororo and Hausa. In their culture men and women do not sit together in public; so she sensitized the other men while the resource person Dr. Fombad was with the women.

There were two sensitizations sessions of the youth in Wum, one in Zongekwo and one in Kesu. Here we had to discuss about all what concerns youth, what they cannot raise in the presence of their parents.

At the end of each day, there was an evaluation meeting on the activities of the day.

The start of the sensitization is always done with an introduction by an animator during which he/she introduced IDF, GTZ and the team.

The resource person always begins her lecture with questions to get from the participants in relation to what they know about AIDS. The answers were different from one person to another; but the common one was that AIDS comes from a woman who had sex with a dog.

The lecturer always made clarifications about this story that originated from a calendar printed by Nigerians with a scenario of a woman making love to a dog. AIDS was first discovered in 1981 among homosexuals. The virus was identified as HIV in 1983 by a French Doctor. In most of the cases, the participants knew that AIDS stands for Acquired Immune Deficiency Syndrome, which means AIDS is gotten from somebody. The germ destroys the white blood cell in one's body, the destruction of a number of white cells makes the defense system weak and he/she starts being sick, and becomes helpless.

It was difficult for the participants to say what HIV means; the lecturer explained to them that it is the Human Immuno-deficiency Virus. When the HIV enters the human body, it destroys the white cells and makes them to start receiving the command from the virus. It kills the cell and exposes it to many other viruses and each one has to look for another cell to destroy. After infection by the virus, the carrier can live from 2 to 18 years before developing AIDS, and it is at this stage that the carriers spread it to other people due to ignorance because there is no sign showing their status.

As far as transmission is concerned the lecturer introduced this part of the topic with a question: How do you think that this germ can be transmitted from one person to another. The participants generally answered that through an infected blood or sharp object, blood transfusion, sex, mosquito bites, sharing a towel and in a barber's studio.

The resource person made the participant know that 90% of the contamination is through sex, the vaginal secretion. The sperm contains white blood cells and if one of the two partners is infected he/she may transmit the germ to the other. The infection of STI by one of the partners makes it easy for the HIV to pass through. It is easier for the woman to get infected than the man.

AIDS can also be transmitted from an infected pregnant woman to her baby in the womb: the germ can pass through the placenta or during breast feeding.

Mosquitoes and other insects do not transmit the germ; if this was the case, everybody would have had HIV.

The germ cannot pass through hand shake greeting and dresses can be shared with no risk if they are clean.

Only the laboratory test can show that somebody is infected or not. The laboratory test is done in Wum district hospital at 1000FCFA plus a syringe of 100FCFA.

Many traditional doctors claim that they can treat an AIDS patient, but the lecturer recalled the fact that there is no treatment or cure for AIDS up to now either with the medical doctors or native doctors.

Since there is no treatment and cure, people should do all possible means to prevent infection:

- The lecturer explained that nobody could die because of not having sex. So young people should abstain till marriage.
- Married people have to be faithful to each other.
- The last alternative is condom. Those who cannot stay faithful or abstain have to use condom.

Also, people should individualize all the sharp objects; so, barbers should clean their machines before use. If an infected woman delivers, she is prohibited from breast-feeding her child. Medicine is given to an infected pregnant woman as from six months of pregnancy.

Cough continuous fever, diarrhea, weight loss, fungi infection, skin rashes, “God fire” are some signs of AIDS.

People living with HIV did testimonies. These were done as an interlude after the 1st part of the sensitization. In the testimonies, people living with HIV always asked the participants if they had ever seen some body with HIV before. Then they present themselves as HIV carriers. During the five minutes testimony, they gave their personal experiences, how they live with the germ and they concluded with advises especially to youth.

The testimony was not appreciate all over by the youth who thought that the two people were paid very high to come and deceive them by pretending that they are HIV carriers.

Condom demonstration respected the culture and the quality of the participants. This means that in some Muslim communities or in the community made up with only very young or very old people, they did not demonstrate condom use.

The demonstration was made with the assistance of two people from the participants but the presentation of all the steps were done by the lecturer.

*d) THE SENSITIZATION IN FUNGOM SUB-DIVISION.*

The sensitization on AIDS and STIs started in Fungom sub-division on July 9, 2001 and ended on July 22, 2001. IDF animators carried out the sensitization exercise only. The team covered 21 villages in Fungom sub division and had an attendance of 648 youth, 695 adults’ males and 642 adults’ females. These made a total of 1985 people. Among these were 11 quarter heads, one chairman of a traditional council, 3 sub chiefs or regents, 8 chiefs, one Ardore, one Commandant of the Gendarmerie Brigade (Zhoa) and a sub-divisional Delegate of Agriculture (Zhoa).

3962 education materials were distributed in Fungom villages. These were given out at the end of each meeting. The sensitization went thus:

Before the start of each meeting one of the villagers, in most cases a quarter head or the chief gave a welcome remark. This was usually followed by prayers; after which a member of the team greeted the population and explained to them the purpose of the visit. He/she would give a brief introduction of IDF and GTZ. Then he/she would ask the population to give rules to a successful meeting. “No noise making; people should talk by show of the hand and there should be mutual respect between the population and the sensitization team”.

The talk always began with animators trying to find out what the people knew about AIDS. In most cases, they said it is a new disease, which is very dangerous. More light was then thrown on the meaning of the Acquired Immune Deficiency Syndrome with local images of president with his body guards and soldiers to explain the immune system. The people were told that AIDS means somebody gets a germ from another person which kills the soldiers in his or her body making them lacking and thereby opening the way to illness to attack the body.

HIV, the Human Immuno-Deficiency Virus causes AIDS. It is smaller than the smallest “jiga”, such that in the laboratory, only the strongest “white man looking glass” (microscope) can see it. Somebody with the germ is said to be an HIV carrier. Being very healthy, the person is dangerous because he/she can easily transmit the germ to others who have no knowledge of him/her being a carrier. The people should not trust any matured male or female. A person with HIV could live for about 5 to 18 years before developing AIDS while an AIDS patient can live for at most two years.

The villagers had some ideas about the signs and symptoms of AIDS because some of them had taken care of sick relatives who were suspected (because no laboratory test was done) to be sick of AIDS. The team however told them that they should never see anybody with continuous fever, cough, diarrhea, skin rashes etc... and conclude the person is suffering from AIDS. Only a laboratory test can prove whether a person has it or not. The nearest place they could go for their tests was the Wum general hospital with 1000FCFA for the test itself and 100FCFA for a syringe.

One of the great moments of the lecture was when the team gave information on the epidemiology of HIV/AIDS in the world, Cameroon and Menchum division. The people were always mesmerized that 40 millions of people were infected in the world; 1.5 million in Cameroon and about 19 000 in Menchum division.

When asked about the modes of transmission, the people said through infected needles, blade4s and when somebody drinks or eats from the same container with an infected person. In some villages, they said from mosquito bites. It was only on rare occasions that they started by saying through sex. The team explained to them that sex is the most common way of getting the virus. Many wondered why it is said that HIV lives in human blood and the team was telling them that AIDS is got through sex even if there is no contact with blood. To this the team explained that HIV is found everywhere that there are “soldiers” (white blood cells) in the body. Soldiers are many around the genitals protecting it against infection. So, if a man or a woman has HIV, it

will be in the male or female genital secretion. Women are more at risk of infection because of the structure of their reproductive organ.

Other modes of transmission usually discussed were through blood (blood transfusion, use of infected sharp objects and contact with an infected person's open wounds), and from infected pregnant women to the unborn baby in their wombs, during delivery or breast-feeding.

As concerns sex, three main preventive measures were discussed: Abstinence, fidelity and the use of condoms for those who cannot abstain or be faithful. All sharp objects should be individualized. People should change certain risky habits that they have cultivated.

The team always made the people know that there is no treatment, cure, vaccine for AIDS. A few asked about the medicine they heard is being sold for 20000FCFA. They were informed that this medicine only helps to reduce the multiplication of the virus. It is not a cure *per se*. they should continue to hope and pray that one day a cure would be found.

The most common STIs in Fungom sub-division were Syphilis, Gonorrhoea and vagina herpes. The people usually used traditional herbs to treat their infections while some more advanced villagers bought capsules at medicine stores whenever they went into town. They were implored to consult the medical doctor as soon as they saw any of the signs, which they knew because it is possible for someone with such infections to easily have HIV.

The youth were brought out as the target group of the sensitization exercise. The girls were seen to be more at risk because they are victims of men who come from big towns and also of the elders and other young men in the villages. Right at the level of primary schools, teachers make these girls monitors. That is, those who carry the teachers books to the house after school. While there, anything could happen. Many young girls left the primary school pregnant at very tender ages. These are children who would have gone to school and one day brought development to their villages. Some elderly men were not ashamed to say, "If man see i thing weh i fine, i no go taste am?"

Women were told that they should know as society's care givers, they had the vital role to play in the fight against AIDS.

Furthermore, the testimonies were one of the most captivating moments of the sensitization. The people showed a lot of sympathy for the HIV carriers and seldom did they disturb. Those questions as to why carriers are not secluded or killed were asked later on, not during the few minutes meant for testimonies.

Also, the demonstration on how to use a condom was very much welcomed by the people. There was always a lot of excitement and laughter when the condoms were removed from the packet. They saw the artificial penis as a taboo, which the chief of Bafmeng compared to the "night juju" which is usually seen during the day. He however appreciated the fact that such taboo subjects were brought out in the open.

At the end of the day, the team sat together for an evaluation meeting on the day's activities. During these meetings, the team discussed any new information that was gathered in the field; the animation technique applied participation, imagery, new vocabularies, cultural practices and general observations made.

#### *OBSERVATIONS AND REMARKS*

The Pidgin English was used during the animation but there were however some elderly persons who could not understand. Some of the villagers were chosen to translate certain vital points.

Most of the questions posed were from the elderly people. This was due to the fact that the youth found it difficult to express themselves on sexual issues in the presence of their parents. The team did not hold animation with only the youth of Fungom.

It was difficult to convince the men to see their wives as their only mate. They thought it was alright for them to cheat on their wives. Yet they would not want their wives to cheat on them.

Some communities like Abar Missiong and Munken were societies where mention of things like condoms was considered a taboo.

In Mbuh village, one of those living with HIV could not give his testimony because he met a friend with whom he had been living in Douala as neighbors.

In Abar village, some women vehemently stressed that sex during breast-feeding spoils the mother's breast-milk. So their husbands go out with other women when their wives are breast-feeding.

The means of transportation was inadequate. That is the vehicle could not transport all the members of the team at once. It had to be overloaded at times. This problem became worse when a landslide caused a rock to block the road a few hundreds meters from Mekaf village. The car had to be packed temporarily at Mekaf and the rest of the ten villages were done on foot. With the rains, everything including the materials got wet at one point in time. Due to the hilly stony and slippery nature of the paths, the motorcycles that were hired did not serve the team very much since the weather was very bad.

Taking cognizance of the transportation hazard, the distances between the villages, the dates for the sensitization of certain villages were changed following the division of the team in two. This started as from the 16th of July in Abar. The change in the program caused some problems among the villagers. Some were angry that the new program fell on their farm day; others like the chief of Ngun said the day though a "country Sunday" was a day his people prepared oil for the coming market day.

#### *e) SENSITIZATION IN FURU-AWA SUB DIVISION*

After completing sensitization in 3 sub divisions in Menchum division, the team thought it would be difficult and almost impossible to go to Furu-Awa. The main stumbling block was the weather. Furu-Awa was scheduled for the dry season.

However GTZ in its desire to reach all the villages in Menchum division and knowing that with AIDS every minute is expensive made available the helicopter to transport the team to Furu-Awa.

The sensitization campaign on STI/HIV/AIDS carried out by the Integrated Development Foundation (IDF) in collaboration with GTZ took place in Furu-Awa sub division from August 13, 2001 to September 04, 2001.

There were 16 sensitizations sessions in 15 villages with 2 animators, 2 HIV carriers and 2 secretaries hired on the spot.

The team won the credibility, support and security of the host and important personalities such as the Sub divisional officer for Furu-Awa electoral district, YCPDM section chairman of Furu-Awa electoral district, 3 pastors, 4 headmasters of primary schools, 2nd Deputy Mayor of Furu-Awa rural council, Gendarmerie brigade commander, CPDM sub section president (Menchum IV), Sergeant of police post Tosso Nigeria, 15 chiefs, 1 quarter head and 10 traditional councilors.

For the sake of convenience, the team was split into two groups each comprising of an animator, one secretary, one healthy HIV carrier, 2 porters and often the SDO accompanied both teams into the field at intervals.

One group targeted Lebo Menchum, Lubu, Nser, and Ezong. While the other targeted Furu-Awa, Nangwa, Sambai, Turuwa, Biando 1, Biando 2, Lutu, Badji and Akum.

484 men, 644 women and 956 youth were sensitized in all the 15 villages visited.

The two youths from AFSU did their best to tell the population that they were healthy carriers even though sometimes the people would not believe them.

There were long distances of about half a day that were covered by foot. As a result, the team had to rest the next day before continuing working. Secondly, the team had just one evaluation meeting because of exhaustion after work at the end of the day.

3221 materials on AIDS were distributed to the population: condoms, Among youth 2, 3 and 4, Pamela Basic Information, Living with AIDS and Stop STIs.

The animation proper usually started with an introductory remark from the sub divisional officer for Furu-Awa or his assistant, introducing the team and the purpose of the visit.

This was usually followed by the resource person of the day asking the people what they know about AIDS. Some said "AIDS is a disease that moves in our blood"; "AIDS is caused by blood"; an illness from the dog called "ser kurk"; others said they had never heard about AIDS before but were familiar with STIs like gonorrhea and syphilis. Yet there were some participants who knew about AIDS. They said somebody from BINGO had come to sensitize them on it. To make others know better, the team explained the Acquired Immune Deficiency Syndrome (AIDS) in very simple terms. Acquired got from somebody; Immune: human defense system made up of



soldiers (WBC); Deficiency: lacking; Syndroms: signs showing an abnormal body condition.

This AIDS is caused by the HIV (Human Immuno-deficiency Virus) which is like a small “giga”. The people were further told that the HIV carrier can live for about 10 – 15 years while a person with full blown AIDS can live for only two years. The HIV carrier is more dangerous than the AIDS patient because he has no signs on him. Only a laboratory test can prove that somebody is an HIV carrier or an AIDS patient.

The participants were sad about the huge number of people already infected in the world, Cameroon and Menchum Division.

When asked if they knew the modes of transmission, the people said through sex, mosquito bites, use of old blades, crossing the urine of an infected person or through injections. In some villages, the people were not familiar with the word sexual intercourse until they were told it is when the penis penetrates the vagina. With these distorted ideas, the team had to explain what sexual intercourse is and how AIDS is transmitted through sex. Also as concerns the other means of transmission, they were told through sharing sharp instruments with an infected person, blood transfusion and from infected pregnant women to their unborn babies in the womb, during delivery or breast feeding.

The preventive measures discussed were: abstinence (for unmarried people), fidelity (for married people), and use of condoms; all sharp instruments should be individualized or sterilized including sticks for “gigars” and circumcision knives. Since the people from BINGO had previously discouraged the use of condoms, it was difficult to make people accept that condoms can protect one against AIDS.

The team always told the people that for now, there is no cure for AIDS. There is a drug which reduces the activities of the virus in the body and it costs 21000FCFA.

The people of Furu-Awa seem to be familiar only with gonorrhoea and syphilis. Some call gonorrhoea “merimeh”. These sexually transmitted infections they said manifest themselves when there is pus on the genitals and pains during urination.

In most villages, the villagers sympathized with the HIV carriers and listened to them intently. While in others, they laughed not believing that those testifying were HIV positive.

The demonstration on how to use a condom was usually characterized by an uproar. Some wanted to see yet; others (women) ran away and covered their faces. In some villages like Nangwa where only one person accepted to have seen condoms before, the people did not know what to expect. When artificial penis was brought out, the people laughed and some said the size was too big. Some participants said openly that they would never use a condom because they will not feel the taste of sex.

### *OBSERVATIONS*

One Nigerian policeman interviewed was very impressed with the work of IDF and GTZ in Furu-Awa. He informed the team that GTZ several months ago had

organized such a campaign in Nigeria. Few Cameroonians at the borders attended the sensitization.

The charts depicting a mosquito feeding on human blood were very efficient in explaining to the population that mosquitoes transmit HIV.

In Lubu village, one indigene cornered the team to consult about his abdominal pains that has been for five years.

## VI. RESULTS OBTAINED, ANALYSIS AND COMMENTS

Sub-Division	N° of villages	N° of sessions	N° of days	No of participants				Material distributed
				Youths	Adult male	Adult female	Total	
Menchum Valley	18	19	17	104	765	526	1995	3720
Wum Central	24	27	13	1004	672	970	2646	4685
Fungom	21	21	17	648	695	642	1985	3962
Furu-Awa	15	16	23	956	484	644	2084	3221
<b>Total</b>	<b>78</b>	<b>83</b>	<b>70</b>	<b>3312</b>	<b>2616</b>	<b>2782</b>	<b>8710</b>	<b>15588</b>

A total of 78 villages were covered with 83 sensitizations sessions and 8710 persons were sensitized during 70 days. Wum Central has the highest number of participants (30%), followed by Furu-Awa with 24% and the other two Divisions with 23%. In Furu-Awa, youth participated more than in any other division and the average number of participant by session is 130, in Wum 120, Menchum Valley 105 and Fungom 110.

The tables below will compare the results obtained with the previewed results. It was previewed that 75 villages shall be covered, 78 were effectively covered (104%); 65 sensitizations sessions were to take place, 83 sessions were done (127%); 6500 persons were to participate in 65 sessions with 100 persons by session, but 8710 persons participated (134%) with an average participant of 116 per session. In view of these results one can say that the objectives were achieved.

### - Villages covered

Sub Division	N° of villages previewed	N° of villages covered
Menchum Valley	25	18
Wum Central	15	24
Fungom	23	21
Furu-Awa	12	15
<b>Total</b>	<b>75</b>	<b>78</b>

- Number of sensitization sessions

Sub Division	N° of sessions previewed	N° of sessions realised
Menchum Valley	25	19
Wum Central	5	27
Fungom	23	21
Furu-Awa	12	16
Total	65	83

- Number of days

Sub Division	N° of days previewed	N° of days realised
Menchum Valley	15	17
Wum Central	6	13
Fungom	15	17
Furu-Awa	20	23
Total	56	70

- Number of participants and quantity of material distributed

Sub Division	N° of participants previewed	N° of participants mobilized	Material distributed
Menchum Valley	2500	1995	3720
Wum Central	500	2646	4685
Fungom	2300	1985	3962
Furu-Awa	1200	2084	3221
Total	6500	8710	15588

## VII. LESSONS LEARNED

### 1. Mobilization of the population

To mobilize the community we should use local settlement.  
Contact the following authorities:

- i. The administrative authorities for courtesy, security, credibility and support. The sub divisional officer for Furu-awa Mr. Mbako Martin, the second assistant D.O for Wum Central.

For Fungom rural council Mr. Abdou Kum Achang helped the team a lot.

- ii. Traditional authorities who are generally polygamous, with many children, influential, keepers of tradition, and traditional lawmakers. A case to point are village chiefs like the chiefs of Modele, Ayo Joseph Fang and the chief of Bafmeng F.A Nguh, who made their people come out in numbers.
- iii. The technical department. The district medical officer put the team in contact with the health committee off public and mission hospitals. In Wum Central, Pa Aegidius Fang of the Health committee of Catholic Hospital Wum and Amah Julius of the health committee of the divisional hospital worked with the team.

Emphasis should be put on women and youth. In Zonghetia when the youth were not coming out, the chief threatened them with traditional injunction order.

## ***2. Impact of testimonies***

- When testimony is done by two carriers, they should be male and female.

In all the villages of Menchum Valley, because the carriers were two females, many people asked if only girls have HIV. The team took note and a male replaced one female immediately during next phases.

- There must be complicity between the carriers and other members of the team. This make the HIV carriers have more hope and vigor to pass their message across.

When one of the carriers came into the team, he was almost completely demoralized but after some time, he regained confidence and hope. When back home, he started back its activities and he always says, “I will not die of AIDS”.

- For the HIV carriers to do their work properly, they should not be considered as breed apart and be given special treatment.
- Testimony is a real tool of sensitization; it is so powerful that it has the whole population on the listeners.

The whole population of Mbamba cried during the testimonies, and in almost all the villages; it was so pathetic and penetrating. It is one of the moments where participants concentrate and listen kindly and even question themselves.

- The population should be well prepared before testimony is done. This permits to reduce the aggressive attitude of some participants against HIV carriers and also render them more responsible.

## ***3. Rumors, Traditional practices and cultural behavior.***

### ***a) Rumors***

In Mbuh village participants said they heard there was an infected container of condoms in the Douala seaport.

In all the villages from Modele to Bouffi, there was the story of the dog “Oguan gbo” which means a dog disease. AIDS was transmitted to a black lady by a white man’s dog that had sex with her. A Nigerian poster supports this story. The people are very afraid of dogs such that we have not seen one around.

In Bu, some people said the virus came about as a result of a vaccine prepared from monkey serum.

In Furu-awa and Menchum Valley, it is said that HIV is from women only.

In many villages, people believe that their relative having the symptom of AIDS died but of “Musong” and “slow poison”.

#### b) Traditional Practices

So many traditional practices which can favor the spread of HIV/AIDS are rampant in the Division.

- Exchange of babies for breast-feeding is very common in the whole of Menchum.
- We saw an aged woman of more than 60 years breast-feeding a grand child in Furu-awa.
- The dance week
- There are so many different dance activities performed by both adult and youths. During these dance activities, there are many opportunities to have sex random.

Aku and MBororo organize dance weeks; after the sale of cattle some alhadji organize and finance parties for youth who also have sex in the course of the parties.

“Bottle dance” and “Cha houses” are also rampant in Wum where there are halls specially made for that.

Having sex on farms is very common in the Division. This is alarming due to the fact that agriculture occupies almost 80% of the active population.

Youth also organize “graduation dance” almost every week even if there is no graduation at all.

→Blood pacts were common in Furu-Awa, Menchum Valley and Fungom where tasting of each other’s blood is proof of love and faithfulness.

→The use of unsterilized sharp instruments by native doctors and traditional practitioners, coupled with non-respect of basic hygiene rules are very rampant in the whole Menchum and especially high in Furu-awa sub-division.

- Use of animal horns to extract blood from people suffering from headache
- Use of sharp pins, knife for making traditional marks, scarification on the body, boring ears and nose, cutting sore throat (tonsils) and doing circumcision.
- The use of single blade in death ceremonies in shaving people’s heads.

#### c) Prostitution

In some villages (Furu-awa), we were told that mothers for their daughters to acquire money encourage prostitution. Also, it is intensified by the withdrawal of women from their husbands because of non-payment of bride price making the women to be very lost. (Furu-awa) Illiteracy, early pregnancy and poverty in general accelerate the rate of prostitution especially in the villages near the frontier between Cameroon and Nigeria. The high consumption of alcohol and promiscuity promote also this prostitution. Most of the houses in remote villages are only one room and it is common to see a household of more than six persons live in a single room.

The existences of non-controlled video clubs showing pornographic films also accentuate prostitution. We saw one video club in Akum (Furu-awa), one at Isu (Fungom), one at Benakuma and Befang (Menchum Valley) and one in Wum Central.

#### d) Risky cultural behavior

We came across much cultural behavior which can favor the spread of AIDS.

- The wife of the father or the brother is inherited by the successor. This phenomenon is observed through out Menchum Division and is pronounced in Furu-awa.

- “Jumba market” day of week where sex trade is done. It is usually in the afternoon, men and women go to market for trading. In this market men are the buyers and women are the sellers. This trade is essentially done at Esu.
- “Country Sundays” is a day that married people or usual partners have the right to exchange sex partners. But it is usually the woman who leaves the house to go and meet another man (Wum central, part of Menchum Valley and Fungom). At Furu-awa this cultural practice is done at Nser village.

#### **4. Safe sex**

Doubt on condom is general in Menchum Division but accentuated at Fungom and Furu-awa.

Furu-awa sub-division was sensitized on AIDS in the year 1999 by Cameroon Baptist Church Health Board P.O.Box 9 Nso Bui division. The CBC distributed a pamphlet in almost all the villages and this is the message on condom:

“Condoms

- Are unsafe
- Fail about 20% of the time with positive HIV partner over 18 months period
- As one of the least reliable methods of contraception”

This message got in their head, mind and their soul. Since it was given by the church it was very difficult for the team to convince them and some time arguments on condom lasted for 45 minutes.

Nevertheless, there are two sites where condoms are sold, in Furu-awa pharmacy and Lebo. We were told that condoms in Furu-awa are furnished by GTZ and they cost 4 at 50FCFA. Those at Lebo are bought from Wum and retailed at 4 at 125FCFA. The businessman was told to contact Furu-awa pharmacy in the health post. Surprisingly, the businessman told us that condom was one of his fastest articles to find in his store. While the lady in charge of health post pharmacy said she used to sell condoms very well until CBC distributed its pamphlet against condom in 1999. “Prudence” Condom is called GTZ condom and those who use condom believe that it is more resistant than the “golden circle” sold at Lebo. Those distributed by the team were considered good because “they were GTZ condom”.

#### **5. Flexibility in the target groups**

To permit youth and women express themselves freely, it is important to organize separate sessions for them alone. When they know that they will be among themselves, the attendance is very high. This is valid for all Menchum division except Benakuma where youth and women felt very free among men and adult.

In Wum, four sessions were exclusively with women (2 Adorates, Haoussa quarter, women association) and three sessions exclusively with youths took place at Wum central and Menchum valley sub-divisions and two at Furu-awa.

#### **6. Impact of the condom demonstration**

Participants should be used to do the condom demonstration. These participants should be allowed to make mistake that will be corrected by themselves under the supervision of the resource persons.

The distribution of condoms should be done with no discrimination. The resource persons should use the condoms demonstration period to pass on as many

messages as possible since it is one of the excited and conductive moment during the sensitization session.

**7. *It is very important to take into consideration the culture of the people.***

In Wum (Zonghefu quarter) the team politely refused to wait for the food to be ready to eat, because they were already late for the next animation. We went away thinking that everything was all right. The chief of Zonghetia quarter and told the chief not to attend to us because we are witchcraft to have refused eating food with them. It is after a long mediation that everything came back to normal and we started the animation.

In the Haoussa quarter, we animated a session and all the participants were male. At the end, we realized that women were with the children in one neighboring house. We wondered why they did not come to follow up the lecture with men. One man told us that in their culture women could not seat among men.

**8. *Impact of material distribution***

Distribution of material was a very exciting moment. Each participant wanted to have at least one type of material distributed. At that moment, participants rush over to answer questions so as to win more material. Food is also a serious catalyst of mobilization. In the whole Menchum division, food after meeting was the element which attracted so many people and motivated their participation. In Bu village, nobody will attend if food is not previewed.

**9. *Female youth in general are more exposed to risky sexual activities.***

Women (adult or youth) are the weakest and the most fragile. They suffer generally from early marriages, early pregnancies, abortion, school drop out, illiteracy, idleness, sexual harassment and prostitution. We saw mothers of twelve years old carrying their babies on their back (Furu-awa). Illiteracy is accentuated in most of the villages (Wum, Fungom) due to matrilineal succession, which discourage some parents to take care of their children. Promiscuity also promotes early pregnancy. In many villages, houses are generally a one-room house where the whole family live. We were surprised to hear that in Furu-awa in general a woman who is married can make sexual intercourse with other men and it is very normal. Concubine is normal among married people. In the DO's office in Furu-awa, a man brought a complain accusing his chief who wanted to seize his wife. This married woman, mother of three children got sex with the chief once after a long harassment by the latter. He insisted for the second sexual intercourse; the woman complained to the husband who permitted to satisfy the chief. The chief still continued and even wanted to marry the woman. She complained again to the husband. The poor husband did not understand why the chief wants to deprive him from his legally married wife and served him with a convocation got from the DO's office. The chief went to the DO's and said he wanted the woman who is suffering a lot and not to marry her. The chief was told to stop harassing the woman unless he will be sued to the Wum court.

Still in Furu-awa when a man has not finished paying the bride price for his wife, the family can withdraw her, and the woman can be very loose as far as sexual activities are concerned.

## VIII. DIFFICULTIES ENCOUNTERED

Getting the youth come out for the sensitization in Wum was a tug of war. This was particular in Wum, which showed that, the ,ore one comes closer to the town, it becomes difficult to mobilize the youth who think they already know a lot or are involved in other activities. Some youth in Wum central particularly in Zonghekwo had negative attitudes towards the HIV carriers. They said “you di lie say you get AIDS you want make we die?” Dying meant they were asked to abstain from sex.

### Difficult terrain

As the team moved further into Menchum Valley, the roads became worse. In some places, the driver just improvised such that towards the end of that phase, the GTZ Mitsubishi met with a serious accident at the Baworo road.

While in Fungom due to landslides and the complete absence of **motorable** roads in some areas, the team had to trek for miles or use motor cycles.

The situation in Furu-awa was worse because there were no roads at all. Though a helicopter was provided to go to Furu-awa, while there, the team members met dense forests, grassy footpaths and deep rivers with no bridges. On foot with all materials and equipment, the team had to cross these rivers. Only on few occasions they were lucky to use canoes.

The bad weather made it difficult to **hold out doors** sensitization meetings. The consequence was that the people in some villages were crammed into one small room where there were no halls. The team also had tough moments walking under the rains to go to the villages. At times both members and materials were soaked through.

Moreover, the team faced serious feeding problems in some areas where one could have money but no food to buy. This was in parts of Fungom sub-division and Furu-awa, where the situation became deplorable. In Furu-awa, the team lived on corn fufu for three weeks. It was only on one occasion that they were able to send somebody to Nigeria to buy some rice for them.

The lack of food was made worse in Furu-awa by the lack of potable drinking water. The only source of drinking water was streams.

The level of illiteracy in Menchum division increases as one moves into the suburbs. In Furu-awa and other parts of the division, the team was compelled to use interpreters. Some were not doing the interpretations correctly, while others spoke at length such that the sensitization became too long.

It was almost impossible to convince the people of Furu-awa to use condoms. This was due to the fact they had been previously sensitized by the Baptist Mission who spoke against the use of condoms.

## IX. WAYS FORWARD

- Training of peer educators
- Planning areas that could not be covered now in Menchum.



Some few villages in Menchum Valley, Fungom and Furu-awa could not be covered due to inaccessibility, big rivers and no bridge.

- Documentation

-

Publication of the report, video gram, photo albums to be compiled and distributed to administrative and international bodies to sensitize them on the situation in Menchum in general and Furu-awa in particular.

- Translate the video gram in vernacular
- Elaboration of answers to pertinent and specific questions using images
- Carry out an action research on the risky sexual activities related to the female in Wum and Furu-awa
- Deepen knowledge so as to illustrate some practices that help spread AIDS
- Introduce IEC material on STIs/HIV/AIDS in meeting points (video clubs, “shar houses”, schools, “Broukoutou” house, popular farm roads
- Deepen knowledge so as to see how to combat idleness and make the young people busy themselves on income generating activities and exploit better the opportunities they have in their Furu-awa environment
- Deepen knowledge on dance week of Bororo Aku, country Sundays and Jumba market so as to come up with actions to reduce their impact.
- Capitalize the methodology of intervention; produce a **canevas** of animation session with the general community, with youth in villages and in semi urban town.
- Update the map of Menchum so as to extend the use to other development organizations.
- Study the possibility to have airtime on radio or a space in newspaper regularly to share the knowledge acquired to the whole public.
- Repeat the experience in other divisions to validate the methodology
- Think of a process evaluation.

## **X. CONCLUSION**

The whole sensitization campaign has been a learning experience especially when one takes into consideration the fact that it is a pilot project. For the methodology used so far to be validated, this same exercise has to be repeated in other divisions. When this is done, it is important we think of process evaluation to evaluate the strengths and weaknesses of the methods applied. This will help to improve on what has already been done.

## **XI. ANNEXES**

*Annex 1: List of questions asked by participants during sessions*

*A. QUESTIONS RELATED TO CONDOM*

a) Use

→ Menchum Valley

- How many times can one use a condom? (4 times)
- Can the condom remain in a woman? (2 times)
- If we use condoms how are we going to be making children? (4 times)

→ Wum Central

- What will happen if the condom drops in a woman? (5 times)
- Is it that condoms affect the vagina? (2 times)

→ Fungom

- Can a one double the condom? (2 times)
- Can the condom be used twice? (1 time)
- Can the condom remain in a woman's vagina? (3 times)
- If while removing the condom one accidentally rubs the vagina secretion on the penis can there be the transmission?

→ Furu-awa

- Are condoms good for married couples? (3 times)
- How many times can one use a condom? (4 times)
- Concerning the use of condoms as preventive for HIV, what will happen if the condom falls off the penis and remain in the vagina? (2 times)
- Can one condom be used on two women during sexual intercourse? (4 times)
- Of what importance is the lubricant in the condom? (once)
- Considering that you are faithful to each other, why should one use a condom? (once)

b) Taste

→ Menchum Valley

- Is sexual intercourse the same when one uses a condom? (once)

→ Furu-awa

- Can one still satisfy sex with the use of condom? (5 times)

c) Gender

→ Furu-awa

- Is there a condom for women? (2 times)
- Does the condom have any side effects on women? (once)
- Who fits the condom on the penis, the man or the woman? (once)

d) Reliability

→ Menchum Valley

- Can the condom burst? (5 times)
- Can the person selling it burst it? (once)
- Is there HIV in condoms?

→ Wum Central

- Is there HIV in condoms? (2 times)
- Are condoms safe? (4 times)
- Are there imitation condoms?

→ Fungom

- Are condoms safe? (2 times)
- Do condoms have AIDS? (4 times)
- Are there imitation condoms?
- Why are condoms not 100% safe? (2 times)
- Furu-awa
- Can condoms expire? (2 times)
- Are all condoms good? (2 times)

#### *B. QUESTIONS RELATED TO SEXUAL PRACTICES*

- Menchum Valley
  - Some men say if they discharge outside, they will not have the illness, is that true?
- Furu-awa
  - Can the withdrawal method also prevent the transmission of HIV? ( 2 times)

#### *C. QUESTIONS RELATED TO THE TRANSMISSION OF HIV/AIDS*

- Menchum Valley
  - Can one have AIDS through wet kisses?
  - Can somebody get HIV by drinking from the same bottle with an infected person?
  - Do mosquitoes transmit the germ? (2 times)
- Wum central
  - Can somebody get HIV by drinking from the same bottle with an infected person?
  - Can it be possible that a woman delivers twins, one has the germ and the other hasn't?
  - Do mosquitoes transmit the germ? (3 times)
  - Is it true that if there is no wound around the genitals one cannot get AIDS?
  - Can a new born baby have the germ when the mother does not have it? (once)
  - Is AIDS not inherited like sickle cell? (once)
  - Can one get infected if wounded with the barber's shaving machines?
  - Can AIDS be transmitted through kissing? (3 times)
- Fungom
  - Is AIDS not inherited like sickle cell? (once)
  - Can blood be removed from a healthy and transfused to an AIDS patient (once)
  - Is there a medication given to infected pregnant women to reduce the chances of transmission from mother to child?
  - Is there a particular blood group resistant to HIV?
  - It is said that AIDS is transmitted through blood. How can one have AIDS when there is no blood like during sex? (2 times)
  - Is there no age limit for AIDS? ( 3 times)
  - Why mosquitoes not transmit the germ? (2 times)
- Furu – awa

- If sexual intercourse is carried out without ejaculation, can it still transmit AIDS? (2 times)
- How can breast-feeding transmit AIDS from a mother to her baby? (3 times)
- Why is it that mosquitoes do not transmit AIDS even though they live entirely on blood? (7 times)
- Considering that there are no wounds in the reproductive organs, why is it that when a man enjoys sex with a woman it is said AIDS can be transmitted? (2 times)
- If blood transfusion transmits AIDS why is it that some people do not carry out blood screening? (once)
- If a person shares a comb with an AIDS patient will the person contract the virus? (3times)
- What will happen if you sleep on the same bed with somebody who is already infected with AIDS?
- How can AIDS be transmitted through syringes and needles?
- Does sweat transmit AIDS (3 times)
- Will fowls become infected if they feed on the **faeces** of an AIDS patient? (3 times)
- How can a pregnant woman transmit AIDS to her baby? (once)
- What happens if a person shares a drinking cup with an HIV/AIDS patient (once)
- Can AIDS be got through kissing?

#### *D. QUESTIONS RELATED TO THE TREATMENT OF AIDS*

- Menchum Valley
  - Why is there no cure for AIDS? (2 times)
  - If the test is positive is there a way of dealing with the situation?
- Wumj central
  - Can the test for HIV not be made cheaper?
  - Is there an injection to reduce anxiety for sex among men?
  - What is the type of foodstuff given to an infected person (5 times)
  - Why Prof. Anomah Ngu's vaccine not used to kill HIV in the country? (once)
  - Is it true that there is already a cure in Europe and South Africa?
- Fungom
  - Is it true that Dr. Anomah Ngu's vaccine is effective against AIDS? (2 times)
  - Why can the many soldiers in the body not killing the germ?
  - Is there a vaccine for AIDS? (2 times)
- Furu-awa
  - Where can people living in rural areas produce tablets that reduce or cold down AIDS?

#### *E. QUESTIONS RELATED TO THE RIGHTS OF AN HIV CARRIER*

- Wum central
  - Is it advisable that doctors make public that one has AIDS?
  - Can an HIV carrier get married? (4 times)

- Fungom
  - Why can the government not build camps to seclude people with HIV?
  - Why can government not publish the names of people with HIV?
  - What is the government doing for AIDS patients?
  - Can two people who are sero-positive get married?
  - Is it not a waste of money to continue taking care of an AIDS patient?
- Furu-awa
  - In an infected person is abused can he sue the person in the court?

#### *F. QUESTIONS RELATED WITH CARE OF AIDS PATIENTS*

- Menchum Valley
  - What type of food can one give to an AIDS patient? (4 times)
  - If a person has AIDS is there a way of dealing with the situation?
- Wum central
  - What is the type of foodstuff to be given an AIDS patient? (2 times)
- Fungom
  - If I discover that I have the virus, what can I do?
- Furu-awa
  - What must a doctor do with an AIDS patient? (2 times)

#### *G. QUESTIONS RELATED TO THE ORIGIN OF AIDS*

- Menchum Valley
  - Where did AIDS come from? (7 times)
- Wum central
  - What is the origin of AIDS (9 times)
- Fungom
  - What is the origin of AIDS (9 times)
- Furu-awa
  - How has AIDS come about? (9 times)

#### *H. QUESTIONS ON FAMILY SEXUAL LIFE*

- Menchum Valley
  - If we go on using condoms, how can we make children?
- Wum central
  - How can two infected persons have sexual intercourse? (2 times)
  - Why is it that some women in polygamous homes have the virus and others do not?
  - If a man and a woman have AIDS can they still have a child?
- Fungom
  - Can somebody with HIV get pregnant?
  - If I have the virus and my partner hasn't, how are we going to be living together? (2 times)
  - Is it advisable for two people who are sero-positive to get married?
- Furu-awa
  - If both partners are carriers, can they still carry out sexual intercourse? (2 times)

- Now that there is a killer disease, what do you do in order to get married? (once)
- Can an infected husband and wife still deliver children?
- Is there a possibility for a woman with HIV to conceive?

## I. GENERAL QUESTIONS

### → Menchum Valley

- For how long can a child with HIV live before death?
- How can we know that somebody is infected? (3 times)
- How long can the virus live in the body before the signs of AIDS become visible?

### → Wum central

- Does AIDS kill only blacks?
- What are the difference between **HVI, 2 and zero?** (2 times)
- How can one know he/she is infected?
- Is there a difference between AIDS and STIs?
- Can the test for HIV not be made cheaper? (4 times)
- Can the sensitization team not train children to continue talking about AIDS in the village?
- How long does it take before HIV is detected in blood? (4 times)
- What can we do to people who have the germ and yet go around spreading it?
- What are the signs of AIDS? (4 times)

### → Fungom

- Who is free from AIDS? (once)
- Does AIDS exist in European countries? (3 times)
- Can somebody with gonorrhoea give birth?
- Why is it that when somebody is sick of malaria people say it is AIDS?
- For how long can HIV live in ones body before one starts seeing the signs? (2 times)
- Which type of HIV kills faster?
- Is it possible for a person to have HIV but does not develop AIDS all through his life?
- Why is it that some people are screened and found HIV negative while in fact they are positive?
- What should unmarried people do to protect themselves against AIDS?

### → Furu-awa

- What is the longevity of the HIV virus? (once)
- How long does it take for AIDS to develop in a person? (once)
- Since IDF is involved in development projects what is the procedure to seek for assistance? (5 times)
- Why can the government not look for a remedy for AIDS? (once)
- Considering that a whole village is infected with HIV how will the populations of the country increase? (once)

## *Annex 2: New vocabulary*

### Menchum Valley

1. Soldiers for Human White blood cells
2. Oranges for testes
3. Small snake for sperms
4. White man looking glass for Microscope
5. Rain boots for condoms
6. Summersault or palapala for sex
7. “Oguna gbo” for dog’s disease or AIDS

### Wum Central

1. “Kifar” fr AIDS
2. Curious on heat for desire to have sex
3. Capote, stockings, napkins and tubes for condoms
4. Sango tack and “Umbra” for penis
5. Niton for navel

### Fungom

1. Pam for penis
2. Weapon, golden circle, “chief I cap” bolobolo for condom
3. 7+1 for AIDS

### Furu-awa

1. “jang” meaning the figure 8 for AIDS
2. “Brukutou” for a special locally brewed drink