WELCOMING REMARKS

BY DR. TJAMA TJIVIKUA

RECTOR: POLYTECHNIC OF NAMIBIA

AT THE OFFICIAL OPENING

OF THE

POLYTECHNIC OF NAMIBIA’S 14TH ANNUAL HIV/AIDS AWARENESS

CAMPAIGN

IN FRONT OF E-HAUS

ON

06 MAY 2010

AT

08:30
The year 2010 marks a historic period for the Polytechnic as the institution is celebrating its 15\textsuperscript{th} anniversary of independence and autonomy. It is also a year in which we observe our 14\textsuperscript{th} HIV/AIDS Awareness Campaign. Clearly this shows that our commitment to educating and developing Namibia on a sustained basis, and education is the foundation of development. Therefore let me welcome each and everyone with open arms - the students, faculty and staff, our sponsors - UNICEF, Namibia Health Care, UNFPA and UNIC - the exhibitors and participants in the Health Walk, and especially our keynote speaker, Hon. Joel Kaapanda, the Minister of Information and Communication Technology. Without the hearty participation and generous sponsorships this event could not have taken place in this spirit of oneness.

As we engage today, let me also acknowledge the tireless efforts and successes of our Dean of Students, Ms. Frieda Shimbuli, and her staff, especially Ms. Alta McNally, Student Counsellor and HIV/AIDS Coordinator at the Polytechnic, as well as the members of the Polytechnic AIDS Awareness Club. These are people who have been gallantly raising the
flag on the fight against HIV/AIDS, by informing, advising, motivating and
counselling our students. Today, we can confidently say that the on-
campus HIV/AIDS prevalence rate at the Polytechnic is restricted to single-
digit figures, as per our latest survey some three years ago. We are indeed
much encouraged by the seriousness and vigilance of all our stakeholders,
but we are fighting an “invisible enemy”. HIV/AIDS is real and the social
and economic havoc it causes are devastating.

A recent UNAIDS report shows that most of the affected people are young
or adolescents. In 2005 about 17 000 Namibians were on ART, compared
to 32 000 who were in need of ART (retroviral treatment). According to
UNAIDS statistics, Namibia’s HIV/AIDS prevalence rate was estimated at
about 15% AIDS and killed about 5 100 Namibians in 2007. Namibia is said
to have about 57 000 AIDS orphans.

Our youth are thus hardest hit by the HIV/AIDS pandemic, and given this
grim scenario, and in view of the theme for this year’s HIV/AIDS Campaign,
*Break the Chain*, I believe that schools and institutions of higher education
are ideal places to intensify our education and awareness campaigns
against this scourge which does respect wealth or social status. The reality
underscores the crucial role that our schools, universities and other public
institutions should play in the fight against this pandemic, with interventions
such as life skills programmes and sexuality education.

I cannot say enough about the effects of irresponsible ignorance and
behaviour with respect to HIV/AIDS, and such are not limited to Namibia.
In a recent study in the USA published last month on “*Binge drinking and*
risky sex among college students”,¹ age 18 - 24, the author Jeffrey S> DeSimone examines this relationship among four-year college students. And I quote: “For having sex, overall or without condoms, large and significant positive associations are eliminated upon holding constant proxies for time-invariant sexual activity and drinking preferences. However, strong relationships persist for sex with multiple recent partners, overall and without condoms, even controlling for substance use, risk aversion, mental health, sports participation, and sexual activity frequency”.

He goes on to say: “Promiscuity in unrelated with non-binge drinking but even more strongly related with binge drinking on multiple occasions... Results from rudimentary instrumental variables strategy and accounting for whether sex is immediately preceded by alcohol use suggest that binge drinking directly leads to risky sex”. Binge or indulgence drinking is defined as having five or more drinks of alcohol consecutively or within a few hours.

This revelation is against the background that sex is the source of at least 14 sexually transmitted infections, which are also associated with HIV/AIDS, such as candida (thrust/yeast), chancroid, clamidia, genital warts, gonorrhoea (drip/clap/dose), hepatitis B, genital herpes (blisters), non-gonococcal urethritis, non-specific urethritis, pelvic inflammatory disease, pubic lice (crabs), scabies (itch), syphillis (the pox), and trichomoniasis (trich).

These are worrisome facts especially when one considers the Namibian society which in some cases seems to forget about hygiene or worse is

bent on self destruction through excessive, non-stop drinking at *cuca shops* ostensibly on every street in the country. Drinking and entertainment are so prevalent and seem to be the best ideals of our nation, not *Vision 2030*. The *cuca shops* know no boundaries and alcohol is sold at any time and everywhere, it is the business of choice for many and the youths are caught in the middle of it all, willingly or inadvertently, and unable to stop the rot!

Honourable Minister,

Aren't we talking about *the lost generation*? What future do our youths have in such a society? Can't we do better than feed each other poison – for entertainment and exploitation? Can't the authorities act and curtail crime, lawlessness and other terrible consequences? Why are we fighting for our health in one way and self destruct in another without making the link? I'm personally convinced that we don't have to live on the path of self destruction, for our youth, our nation is capable of, and deserves more than, self-respect. We cannot break the chain of spreading of HIV/AIDS while we are not breaking the chain of alcoholism and the associated ills. We deserve much better, our children deserve better!

Ladies and gentlemen,

I am convinced that programmes that focus specifically on protecting and developing the youth will help us win the war against HIV/AIDS. Making sexual health services more accessible and more user-friendly to the youth should be of our long-term strategy to prevent the further spread of HIV/AIDS. Many of our health facilities are not youth-friendly. And young
people continue to encounter too many obstacles as they seek information to help them cope with their sexuality, enhance their reproductive health and protect themselves against HIV and teenage pregnancy.

We have to act now, for studies show that women (for biological reasons) are more vulnerable than men to sexually transmitted disease and other opportunistic infections like HIV. Compounding biological vulnerability is the fact that women are far more likely to be coerced into sex, or raped – often by someone older, who might have had greater exposure to the virus.

Violence against women can also take less overt forms. Young girls often have sexual relationships with “sugar daddies” who coerce them into sex in exchange for gifts, favours or even status. Such unequal relationships have terrible consequences for women, in terms of their risk of infection, pregnancies, abortion or unplanned parenthood. World-wide, women between the ages of 15 and 24 account for half of new HIV infections, and the sad part of the HIV/AIDS reality is that many of those who are HIV-positive do not know their status. I therefore urge all of us, students and staff members, to go for voluntary HIV testing to enable infected people to start early treatment to slow down the progression of the sickness and to also prevent further spread.

One way in which AIDS affects the economy is by reducing the labour supply – the productive citizens - through increased mortality and illness. Amongst those who are able to work, productivity is likely to decline as a result of HIV-related illness. Government income also declines, as tax revenues fall and governments are pressurised to increase their spending
to deal with the expanding HIV epidemic. HIV and AIDS therefore threaten the foundations of economic development in Africa and its damage is incalculable.

African countries now account globally for close to 70 per cent of new infections and four-fifths of AIDS-related deaths. The pandemic is concentrated in the so-called AIDS belt stretching from East through Central and Southern Africa, where infection rates are now between 20 and 30 per cent of the sexually active population. Simply put, it is thought that the impact of AIDS on the gross domestic product (GDP) of the worst affected countries is a loss of around 1.5% per year, meaning that after 27 years the economy would be 31% smaller than it would otherwise have been otherwise.

On the macro level, the appropriate indicators for assessing the impact of AIDS on education are enrolment trends, school attendance, drop-out and promotion rates, the growth rate of the number of orphaned children etc. Similarly, the death rate of teachers, pupils and parents is another important indicator to show the impact of the pandemic on education.

According to some recent studies, HIV/AIDS is having a serious impact on the fiscal situation of the University in much the same way as it does other institutions. It increases operating costs, reduces productivity (especially through high absenteeism); divert resources, and threatens sources of income. The same studies indicate that the university in Africa is a high-risk institution for the transmission of HIV. This is mainly due to the “sugar-daddy” practices, alcohol and drug use, sexual experimentation,
prostitution on campus, unprotected sex, gender violence, multiple partners, and so on.

Ladies and Gentlemen,

The Polytechnic’s Annual HIV/AIDS Awareness Campaign, this year under the theme **Break the Chain**, is meant to raise awareness about HIV/AIDS and what steps we should take to protect ourselves. We hope that after this event, more of us will have a better understanding of HIV/AIDS and how you can take appropriate steps to protect ourselves from getting infected. Our central message on HIV/AIDS, therefore, must be of hope and of humanity’s capacity to triumph over adversity and tragedy.

Finally, the power to defeat the spread of HIV/AIDS lies in our partnerships. Let us spread the message of prevention, acceptance of people living with HIV/AIDS, care and support for those infected and affected, abstaining from unprotected intercourse, be faithful to our spouses or partners, and always use a condom properly.

Once again, it is my pleasure to welcome you to the Polytechnic’s 14th Annual HIV/AIDS Awareness Campaign. **Let us break the Chain!**

I thank you.

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