

Protecting Children Affected by HIV/AIDS

The HIV/AIDS pandemic is not only threatening the physical health and survival of millions of children around the world, it is destroying their families and depriving them of parental love, care and protection. Stigma and discrimination, often associated with HIV infection, can lead to exclusion and isolation and ruin a child's chances to receive an education. Children whose families are affected by HIV/AIDS experience severe emotional and psychological distress. Economic hardship resulting from their parents' inability to work may cause children to drop out of school or become child labourers. They are often forced to assume the burden of caring for sick parents or for their younger siblings. Children orphaned by HIV/AIDS are more exposed to exploitation, abuse and violence. Conversely, many situations in which children have inadequate protection – including sexual exploitation, trafficking, violence, armed conflict, recruitment in armed forces or groups, displacement, detention and imprisonment, child marriage and female genital mutilation/cutting – also make them more vulnerable to HIV infection.

FACTS AND FIGURES

- In 2005, the number of children less than 15 years old living with HIV was estimated at 2.3 million. Of these, 700,000 were newly infected. More than half a million children (570,000) died of AIDS during the same period.¹
- Some 62 per cent of the world's young people infected with HIV and about 80 per cent of the children orphaned by AIDS live in sub-Saharan Africa.²
- Since the outset of the HIV/AIDS pandemic in the early 1980s, the proportion of women with HIV has risen steadily. Today, nearly half of those who are HIV positive are women or girls.³

BUILDING A PROTECTIVE ENVIRONMENT FOR CHILDREN

Government commitment and capacity

To dispel stigma and confusion, governments need

HUMAN RIGHTS

In the **Convention on the Rights of the Child** (1989), States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health (Article 24). States Parties shall also respect and ensure the rights set forth in the Convention to each child within their jurisdiction without discrimination of any kind (Article 2).

to acknowledge HIV/AIDS and its impact and address it at the highest levels, including national poverty-reduction strategies. Government policies and resource allocations for expanded social welfare and services are essential to increasing the capacity of families and communities to care for orphans and infected and vulnerable children.

Legislation and enforcement

The inheritance rights of women and children who have lost providers and caregivers to AIDS should be addressed. The rights of young people living with HIV/AIDS need to be protected, and anti-discrimination laws must be put in place to ensure equal access to such essential services as health care and education.

Attitudes, customs and practices

It is important to oppose the prejudice, shaming and stigma often experienced by children infected, orphaned or made vulnerable by HIV/AIDS. Violence (including armed conflict), sexual discrimination, sexual abuse and unequal power relations (e.g., marriages of young girls to much older husbands) all increase children's vulnerability to HIV infection.

Open discussion

The media can help raise awareness, counter myths and remove taboos about HIV/AIDS by making it an acceptable topic of discussion and providing accurate information about the disease and its prevention. Voices and participation of children can help break the silence and stop stigmatization.

Children's life skills, knowledge and participation

These are particularly important when dealing with the threat and impact of HIV/AIDS. To avoid the risk of infection, all children need to be taught about sexual health and be empowered to refuse unsafe or unwanted sex and to negotiate safer options. Children already affected or infected by HIV/AIDS need support so they can develop skills that will help them cope, make informed decisions and protect themselves from exploitation and abuse.

Capacity of families and communities

Resources and skills must be invested to monitor vulnerable households, support families willing to foster or adopt orphaned children, and strengthen community-level services. To help protect children in armed conflict or humanitarian crises, international peacekeeping and humanitarian personnel should be trained in HIV/AIDS awareness and prevention.

Essential services, including prevention, recovery and reintegration

Access to education – a fundamental human right – must be guaranteed to children who have been infected or affected by HIV/AIDS. Education also reduces their vulnerability to exploitation. Community-based childcare and psychosocial support are necessary to help families and communities cope. In conflicts and emergencies that put children at particularly high risk of HIV infection, protection initiatives, demobilization, disarmament and

reintegration services for children used by armed forces and groups, as well as prevention and response to sexual violence (provision of post-rape care and post-exposure prophylaxis), can mitigate the disastrous consequences for children.

Monitoring, reporting and oversight

Using internationally agreed indicators on the well-being of children affected by HIV/AIDS is crucial for validating interventions by governments and communities to reduce the impact of the disease.

EXAMPLES OF UNICEF IN ACTION

At the **global** level, in 2005, UNICEF launched UNITE FOR CHILDREN. UNITE AGAINST AIDS, a global campaign bringing together UNICEF, UNAIDS co-sponsors, bilateral donors, non-governmental and faith-based organizations and civil society members. The focus is on ensuring that children have a central place on the global HIV/AIDS agenda, on scaling up interventions to prevent new infections and on helping children already affected by HIV/AIDS. Four key result areas, known as 'The Four Ps', have been established for the campaign: primary prevention; prevention of mother-to-child transmission; paediatric treatment; and protection, care and support.

In **Burundi, the Democratic Republic of the Congo and Haiti**, UNICEF supports initiatives for the prevention of and response to sexual violence, including by providing post-rape care services and psychosocial support. In Haiti, for example, 1,900 children affected by HIV/AIDS received direct medical and psychosocial care as well as educational and financial support in 2005.

Notes

¹ Joint United Nations Programme on HIV/AIDS, World Health Organization, *AIDS Epidemic Update December 2005*, UNAIDS and WHO, Geneva, December 2005, p. 1.

² Joint United Nations Programme on HIV/AIDS, *2004 Report on the Global AIDS Epidemic*, UNAIDS, Geneva, June 2004.

³ United Nations Children's Fund, *The State of the World's Children 2005*, UNICEF, New York, p. 70.

MILLENNIUM DEVELOPMENT GOALS

Halting and reversing the spread of HIV/AIDS is a primary target of MDG 6, and there are several ways that failing to protect children intersects with this goal. Many of the worst forms of child labour, including sexual exploitation, expose children to HIV infection, which can also result from abuse and violence. Child labour may be a consequence of the AIDS pandemic, when primary income providers are lost or incapacitated. In fact, children in affected families are particularly vulnerable to losing all forms of care and protection – from the death of a parent to being denied an inheritance.

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