

CHILDREN IN DIFFICULT CIRCUMSTANCES

**Strengthening
partnerships
to combat HIV/AIDS
and discrimination**





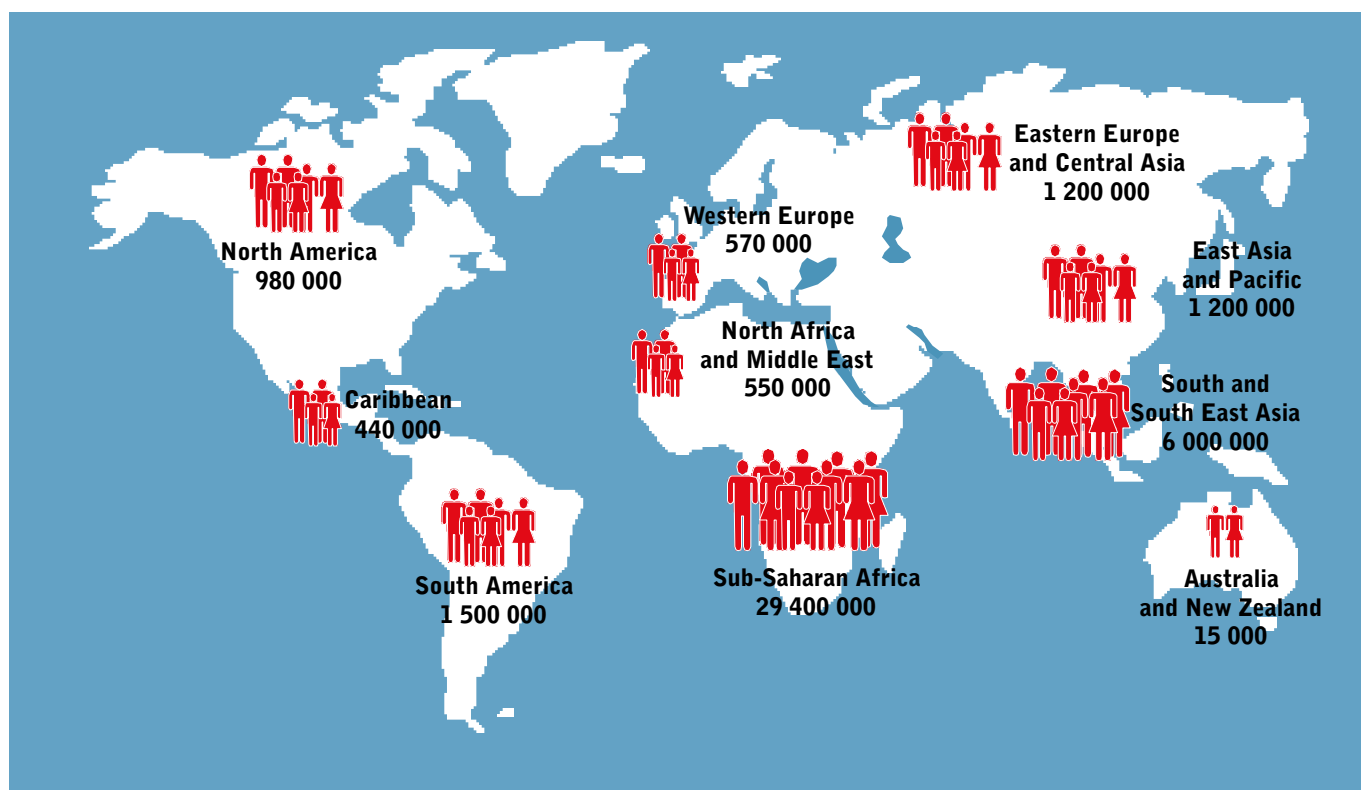
“Responding to AIDS with blame, or abuse towards people living with AIDS, simply forces the epidemic underground, creating the ideal conditions for HIV to spread,”

Peter Piot, executive director of UNAIDS

“Basic education must become a field which is free of all forms of exclusion and discrimination.”

Koïchiro Matsuura, director general of UNESCO

Adults and children who live with HIV/AIDS in the world, 2002



From *AIDS Epidemic Update*, UNAIDS, WHO. December 2002

Every day, more than 6,000 people under 24 are infected by HIV. Every day about 1,600 children die of AIDS. Over 14 million children have been orphaned by AIDS. Children under 18 represent about 10% of the 42 million people living with HIV.

CHILDREN IN DIFFICULT CIRCUMSTANCES

HIV/AIDS “chooses” the paths of ignorance and silence to spread virulently. HIV is transmitted most easily amongst the excluded population, those with little education or restricted access to information and those who live in precarious conditions.

Children in difficult circumstances, especially street children, have to fight for survival day after day, finding food, looking for a safe place to spend the night, protecting themselves against the violence that constantly threatens them. In such circumstances, it is difficult for them to become aware of the dangers of catching HIV/AIDS. Who is going to worry about a hypothetical future illness when the future is uncertain? This is the challenge faced by prevention programmes and actions when implemented.

STIGMATISATION AND DISCRIMINATION

Silence, exclusion and isolation restrict the scope of the measures designed to help the people affected or infected by HIV.

Street children, children in the street; there are 120 million all over the world who suffer exclusion and precariousness. Victims of stigmatisation and discrimination, they are more exposed than others to HIV/AIDS and suffer the consequences twofold. Because they have been rejected in the street and live on the fringes of society, they are ignored and their needs are hidden. Because they are affected by HIV/AIDS or threatened by it, they are still further marginalised and blamed.

“Stigma and discrimination associated with HIV and AIDS are the greatest barriers to preventing further infections. Despite the catastrophe, silence prevails and action is slowed because of stigma and denial and, ultimately, because of people’s fears about exposing themselves to the epidemic.”

HIV/AIDS stigma and discrimination. UNAIDS Best Practice Collection, UNAIDS 2002

INVOLVEMENT

“... Stigma, silence, discrimination and denial, as well as lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations.”

Extract from the United Nations Declaration of Commitment on HIV/AIDS, 2001 (paragraph 13)

Stigmatisation significantly discredits an individual in the eyes of others. The stigmatisation associated with HIV/AIDS is built into existing social inequalities and reinforces them.

Discrimination occurs when a person is treated unequally and unfairly because he or she belongs, really or supposedly, to a particular group.

The three faces of the epidemic

1



The infection by HIV epidemic.
It penetrates silently and unnoticed.

2



The AIDS epidemic. It appears when the HIV causes serious infections.

3



The stigmatisation, discrimination, reproach and collective denial epidemic.

WHAT IS AIDS?

AIDS stands for acquired immunodeficiency syndrome. It is caused by a virus, HIV (Human Immunodeficiency Virus), which attacks and gradually destroys the body's defences.

How DO YOU GET HIV?

HIV is transmitted by body fluids such as blood, sperm and vaginal secretions.

How IS HIV TRANSMITTED?

There are three main ways in which HIV is transmitted:

- By vaginal, anal or oral intercourse in which there is contact with the blood, sperm or vaginal fluids of an infected person. The presence of other sexually transmitted diseases (STDs) increases the risk of HIV transmission.
- Through blood: primarily transfusions of blood or blood products that are infected with the virus or the use of injection material (syringes, needles or other instruments that perforate the skin, for example) that has been in contact with contaminated blood.
- From an infected mother to her child during pregnancy, birth or breast-feeding.

PREVENTIVE MEASURES

- Sexual abstinence
- Systematic use of a new condom from the beginning to the end of sexual relations
- Use of sterilised needles, syringes and other perforating instruments
- Never sharing material used for intravenous drug injection
- Regular visits to prevention or care centres in case of doubt or acceptance of risk
- Supervision and treatment of infected mothers during pregnancy and birth

HIV IS NOT TRANSMITTED BY

- Everyday contact, in the workplace or at school, for example
- Shaking hands
- Kissing
- Coughs and sneezes
- Insects or pets
- Food or water
- Sharing crockery and other utensils
- Toilets
- Swimming pools or public baths

FALSE BELIEFS

The incorrect information that circulates about HIV/AIDS may further increase the discrimination suffered by infected people.



- | | |
|---|--------------|
| • A healthy-looking person cannot be HIV infected. | FALSE |
| • HIV/AIDS only affects certain people (prostitutes, homosexuals and drug addicts). | FALSE |
| • You have to have intercourse more than once to catch the virus. | FALSE |
| • Apart from condoms, birth control methods prevent transmission of the virus. | FALSE |
| • We should not play with HIV infected people, nor talk to them, work with them, shake their hands... | FALSE |

WE MUST COMBAT THESE MISTAKEN BELIEFS

Stigmatisation – discrimination – violation of children's rights

The principle of non-discrimination is at the heart of the notion and practice of human rights

STREET CHILDREN



All street children are escaping from the poverty, promiscuity and violence that reign in the household. Some of them still have loose ties with their biological families and occasionally go back home to sleep. But increasing numbers of them are left to themselves and spend all their time in the street, fighting the daily battle for subsistence.

Poverty, broken homes, breakdown of social networks, conflicts and uprooting... children are exposed to all the risks and abuses: drugs, physical and moral violence, sexual abuse, prostitution. Living in gangs, they are subject to the laws of the group and are in danger of developing risk behaviours in their everyday lives.

Street children are thus particularly exposed to the epidemic because of the stigmatisation of which they are victims, of their exposure to unprotected sex (usually in exchange for food, protection or money) and the use of illegal drugs.

The main mode of transmission of HIV/AIDS is sex. Information about sexuality and the precautions that should be taken to protect themselves against the epidemic helps children become minimally aware of the risks. However, street children do not have access to this information: their sex lives develop in ignorance of the dangers with which they are threatened.

Multiple exclusion

1. Exclusion from school education

children with little information

2. Exclusion from health services

children who are physically fragile, with reduced defences and no access to care, particularly antiretroviral treatment

3. Economic exclusion

children in search of the means of subsistence and subject to prostitution



4. Social exclusion

children rejected by society and denied the right to a future

5. Family exclusion

children lacking affection and care

**LET US
ACT TOGETHER**



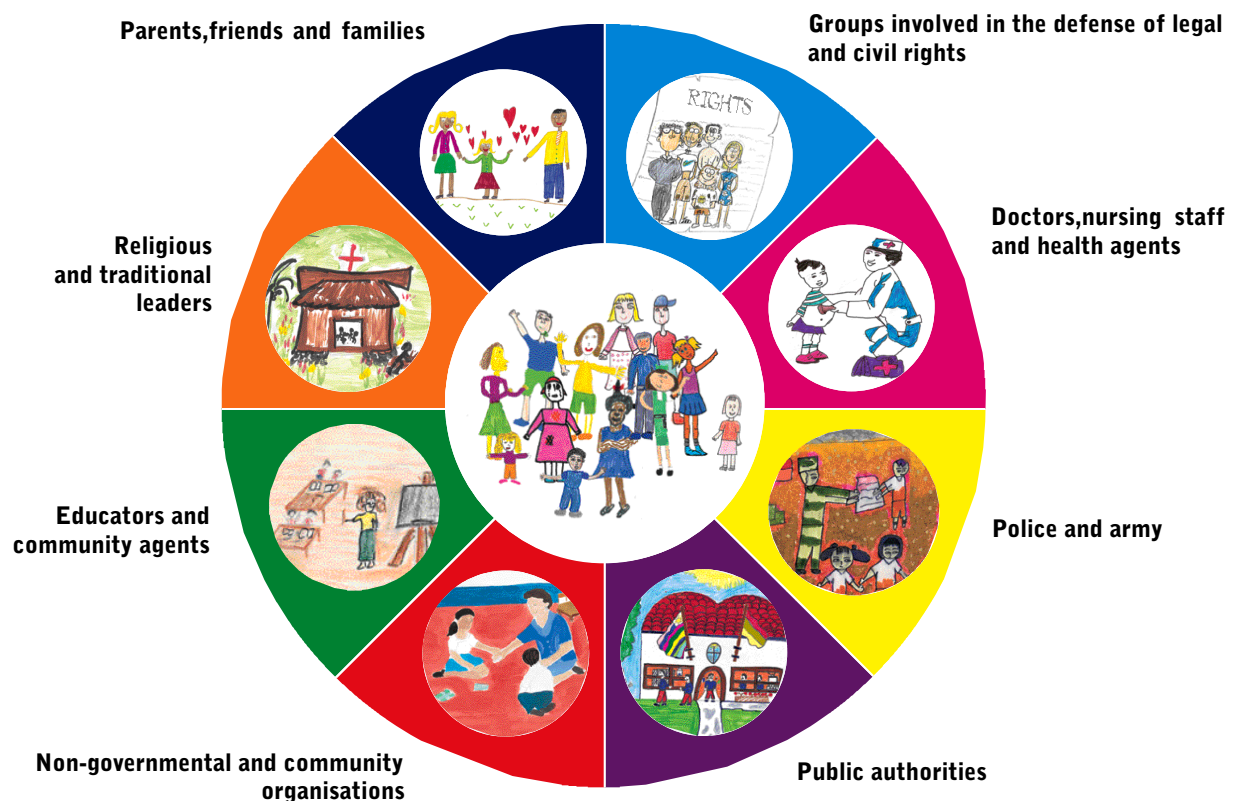
To face the HIV/AIDS epidemic among street children is first of all to face the problems of poverty and economic marginalisation, the stigmatisation and racism associated with their condition and the inequality of relations and power between the sexes, but also to give these children back a better self-image and a vision of the future, in order to convince them of the need for HIV/AIDS prevention.

Children without a future need confidence — self-confidence, confidence in society— before they will accept education in general and HIV/AIDS prevention in particular.

New education strategies adapted to children living in difficult circumstances are required to combat ignorance. Preventive education must make young people aware of the risky situation they are living in and the ways and means of reducing their exposure to those risks. However, knowledge is not enough to change behaviour. Preventive education must also focus on mindsets and their cultural foundations to produce new attitudes, to bring out new competencies and to change behaviour and thus reduce the risks and the vulnerability.

The success of preventive education measures with children in difficult circumstances depends on innovative approaches, the only kind in a position to touch the most vulnerable and isolated.

The response to the epidemic must mobilise all sectors of society. That response starts from the principle that the people living with HIV/AIDS are not a “problem” but a part of the solution. The street children are the product of a society and it is at the heart of that society that we must look for responses to their needs. The capacity of society to take up the challenge and to take things in hand, in many countries, has enabled the greatest progress to be made against the epidemic.





Making states aware

Strong leadership at all levels of society is essential for an effective response to the epidemic.

Extract from the United Nations Declaration of Commitment on HIV/AIDS, 2001

The Convention on the Rights of the Child, ratified by 191 countries, recognises rights for all children. Article 2 of the Convention stipulates that all children have the right to protection against all forms of discrimination; Articles 13, 17 and 24 guarantee children the right to information, particularly information about health; Article 28 recognises the child's right to education; Articles 32 and 34, the right to protection against exploitation. However the rights of millions of children in difficult circumstances all over the world are still constantly violated.

The dramatic situation these children find themselves in makes special care and protection an absolute necessity. The states engaged in the fight against the discrimination, whose victims are the children in difficult circumstances, have a **threefold obligation**:



The role of educators as prevention agents

Educators make a link with the children. It is through their relationship that information and knowledge is transmitted. Their capacity to make children sensitive to prevention methods will depend on their training and sensitivity to the subject of HIV/AIDS and to sex education in general.

It is essential that the material made available to educators is adapted to the children's capacities and needs and respond to the specific nature of the environment where they grow up.

Community projects

The mobilisation of public authorities must serve as a catalyst for community projects to enable street children to become aware of the epidemic and the measures of prevention. Those projects carried out by expert educators are part of a general strategy for care and education. They must be simple and accessible so as to recreate a feeling of belonging for children who are lacking affection. Those projects must give the children back self-confidence in order to enable them to build the future.

The projects carried out with these children will be in harmony with their interests and concerns. Simple, everyday activities will serve as a starting point for a more global education and prevention process, including debates and discussions about HIV/AIDS. Each project must allow the street children to express opinions and share them with the rest of the community, thus breaking their stigmatisation and isolation.

TEN MEASURES FOR FIGHTING THE HIV/AIDS* EPIDEMIC

1. To put an end to silence, stigmatisation and shame

2. To provide young people with knowledge and information

3. To give young people the competences they need to put their knowledge into practice

4. To provide healthcare adapted for young people

5. To encourage voluntary, confidential HIV screening tests

6. To work with young people and encourage their participation

7. To get young people living with HIV/AIDS to participate

8. To create a safe, favourable environment

9. To reach the most exposed young people

10. To strengthen the partnerships and ensure follow-up



*Young people and HIV/AIDS: Opportunity in Crisis, UNICEF, UNESCO, WHO, 2002

Drawings by children from the book series "The children write a book at school about the Convention on the Rights of the Child", UNICEF-UNESCO, P.A.U. Education, 1999.

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