



Children and young people

in a world of **AIDS**



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Children and young people in a world of AIDS

Since the first clinical evidence of AIDS was reported two decades ago, HIV/AIDS has spread to every corner of the world. Still rapidly growing, the epidemic is reversing development gains, robbing millions of their lives, widening the gap between rich and poor, and undermining social and economic security.

Tens of millions of children and young people are at the front line of the epidemic's advance, bearing the brunt of its impact, but also struggling to bring it under control.

The historic United Nations General Assembly Special Session on HIV/AIDS in June 2001 was held to unite the world around a comprehensive plan to beat the HIV/AIDS epidemic. Accordingly, Member States adopted the 'Declaration of Commitment on HIV/AIDS'—the first global workplan against AIDS.

The Declaration is a framework for broad partnerships, and a tool for the implementation of specific strategies that involve governments and all communities, including young people and those living with HIV/AIDS.

In a world where 11.7 million children and young people are living with HIV/AIDS, the Declaration focuses special attention on their needs and rights. It fixes clear targets for preventing mother-to-child transmission, providing care for children affected by AIDS, and protecting young people against the epidemic, as well as setting time frames for the achievement of these critical goals.



Young people and AIDS

Young people are at the centre of the HIV/AIDS epidemic. Their behaviour, the extent to which their rights are protected, and the services and information they receive can help determine the quality of life of millions of people. Young people are particularly susceptible to HIV infection and they also carry the burden of caring for family members living with HIV/AIDS. Around the world, AIDS is shattering young people's opportunities for healthy adult lives. Nevertheless, it is young people who offer the greatest hope for changing the course of the epidemic.



- An estimated 10.3 million people aged 15–24 are living with HIV/AIDS, and half of all new infections—over 7000 daily—are occurring among young people.
- Sub-Saharan Africa is hardest hit. It is home to over 70% of young people living with HIV/AIDS and to 90% of the AIDS orphans in the world (12.1 million children).
- Young people are vulnerable to HIV because of risky sexual behaviour, substance use and their lack of access to HIV information and prevention services.
- Ignorance about the epidemic remains pervasive among young people, many of whom do not know how to protect themselves from HIV. In Mozambique, for example, 74% of young women and 62% of young men aged 15–19 are unaware of any way to protect themselves. Half of the teenage girls in sub-Saharan Africa do not realize that a healthy-looking person can be living with HIV/AIDS.

- Marginalized young people (including street children, refugees and migrants) may be at particular risk because of stigma, their exposure to unprotected sex (in exchange for food, protection or money) and the use of illicit drugs.

Young people and sexual behaviour

- Many young people do not believe that HIV is a threat to them. Almost two-thirds of sexually active girls aged 15–19 in Haiti do not believe they run the risk of HIV infection; more than half of their Zimbabwean counterparts share that perception.
- Some adolescents become sexually active early, without the benefit of the necessary information, skills and services to protect themselves from HIV. Programmes targeting young people often fail to acknowledge such early sexual activity.
- Sexual relations are often unplanned and sometimes coerced. Of the estimated 2 million sex workers in India, 20% are under the age of 15 and nearly 50% are under 18. Forced sex can damage the genital tract, thereby increasing the odds of acquiring HIV and other sexually transmitted infections.
- Young people exposed to sexual abuse and exploitation (including incest, rape and forced prostitution) are especially vulnerable to HIV infection. In Cambodia, 30% of sex workers aged 13–19 are infected with HIV.
- Stigma, social exclusion and a lack of information put young men who have sex with men at additional risk. Among self-identified homosexual young men in Peru, 40% have reported recent unprotected anal intercourse.
- Good-quality sexual health education programmes help delay the onset of sexual activity and protect sexually active young people from HIV, other sexually transmitted infections and pregnancy.
- Many factors discourage young people from using health services: a lack of privacy and confidentiality, insensitive staff, threatening environments, an inability to afford services, and the fact that services often do not cater to unaccompanied minors or are restricted to married adults.
- Biological, social and economic factors make young women especially vulnerable to HIV, occasionally leading to infection soon after the women have become sexually active. A study in Zambia found that, within a year of becoming sexually active, 18% of young women surveyed were HIV-positive.

- In some of the worst affected countries, adolescent girls are being infected at a rate five to six times higher than are boys. There is growing evidence that older men are responsible for a large share of these infections.
- There is also evidence that a large share of new cases of HIV infection is due to gender-based violence in homes, schools, the work place and other social spheres. In addition, in settings of civil disorder and war, young women and girls are often systematically targeted for abuse (including sexual abuse).
- The burden of caring for ill family members rests largely with women and girls. As the impact of the AIDS epidemic grows, girls tend to drop out of school in order to cope with the tasks of caring for siblings and ill parents. If preventive education in HIV/AIDS is to be effective, it must occur through all avenues of education (formal and non-formal), through schools and through broader community channels with strong political support. It should also match the various linguistic, social and cultural realities of the groups being addressed.

Young people and substance use

- Drug injection features prominently in the epidemic, notably in the many countries where injecting drug users are forced to live on the margins of society and lack access to HIV/AIDS information and prevention programmes. Many of these users are young.
- The use of alcohol and other drugs is associated with unsafe sexual behaviour. HIV prevention strategies need to address this issue.

Respecting and involving young people

- Young people are key to controlling HIV/AIDS. They have the right to knowledge and skills that reduce their vulnerability and enable them to protect themselves and each other against the epidemic. Experiences show that HIV/AIDS programmes that respect and involve young people, while being sensitive to their cultures, are more likely to succeed.
- Bigger and better communication and social mobilization efforts are needed to broaden HIV/AIDS awareness and promote healthy lifestyles. They also need to defuse the stigma and discrimination associated with HIV/AIDS.
- Young people need a safe and supportive environment. This requires sensitive attitudes, policies and legislation at family, community and national levels. Sturdy relationships with caring parents or other adult role models are essential.

- Strong and effective education systems are important. Yet, in many countries, those systems are in disarray. They need to be repaired and boosted with innovative teaching approaches.
- Outreach and peer education programmes among young drug users should be expanded. They can include steps to improve access to information, prevention commodities (such as condoms and sterile injecting equipment for those who inject), as well as HIV/AIDS prevention and care services.

Targets for success

- Governments have pledged to cut HIV prevalence among 15–24-year-olds by a quarter in the most affected countries by 2005, and globally by 2010.
- They have also undertaken to ensure that, by 2005, at least 90% of young people have access to information, education and services to reduce their vulnerability to HIV infection. Such services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up support.



From the Declaration of Commitment:

“By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that: address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalization; involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia international cooperation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; address risk, vulnerability, prevention, care, treatment and support, and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity.”

“By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25% and by 25% globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.”

Orphans and children in a world of AIDS



The AIDS epidemic has orphaned millions of children. Even if prevention campaigns become hugely successful and HIV infections drop dramatically, most people already infected with HIV are expected to succumb to AIDS-related illnesses. Millions more children will lose one or both parents over the next ten years.

- AIDS has orphaned at least 10.4 million children currently under 15 (that is, these children have lost their mother or both parents to the epidemic). The total number of children orphaned by the epidemic since it began—13.2 million—is forecast to more than double by 2010.
- AIDS-related deaths caused some 2.3 million children to become orphans (at the rate of 1 every 14 seconds) in 2000. UNICEF estimates that up to a third of those children were less than five years old.
- Before the onset of AIDS, about 2% of all children in developing countries were orphans. By 1999, 10% and more were orphans in some African countries.
- At the end of 1999, the estimated number of orphans living in some of the worst affected countries were: 211 000 in Burkina Faso, 900 000 in Ethiopia, 53 000 in Namibia, 970 000 in Nigeria, 371 000 in South Africa, 447 000 in Zambia, and 623 000 in Zimbabwe.
- Although the orphan crisis is located mainly in Africa at the moment, countries in other regions (especially the Caribbean and Asia) are expected to experience large increases in the number of children orphaned by AIDS.

Caught in a vicious cycle

- Typically, half of all those with HIV become infected before they celebrate their 25th birthday. Many of them die from AIDS before they turn 35, leaving behind a generation of children to be raised by grandparents or siblings.
- The epidemic has forced vast numbers of children into precarious circumstances, exposing them to exploitation and abuse, and also putting them at high risk of also becoming infected with HIV.
- Research shows that orphans living with extended families or in foster care are prone to discrimination, which includes limited access to health, education and social services.
- Children in households with a HIV-positive member suffer the trauma of caring for ill family members. Seeing their parents or caregivers become ill and die can lead to psychosocial stress, which is aggravated by the stigma so often associated with HIV/AIDS.
- Many children are struggling to survive on their own in child-headed households. Others have been forced to fend for themselves on the streets. Consequently, there is an increasing number of unprotected, poorly socialized and under-educated young people.
- Studies in 20 countries—most of them in Africa—show that children whose parents have died are less likely to attend school than those who have not lost a parent.

Making a difference

- HIV/AIDS will continue to affect the lives of several generations of children. The impact will mark their communities for decades as the numbers of impoverished children rise, their insecurity worsens, education and work opportunities decline, nurturing and support systems erode, and mortality rises. Large-scale, long-term efforts are needed to cope with these harsh new realities.
- Governments, organizations and communities are faced with the acute need to devise ways of assisting AIDS-affected children, equal to the enormous scale of the crisis. Too often, such efforts lag behind, fragmented and short-sighted.
- Institutionalized care for the majority of orphans and other vulnerable children is neither a developmentally ideal nor a financially appropriate option. It is better to devote resources towards strengthening the abilities of families and communities to care for orphans and other vulnerable children. More support should go to extended families that care for orphaned children, to improve income-generating opportunities as well as access to credit and health care services.

- Orphanages and similar institutions often fail to provide consistent and adequate care, especially for younger children. Strict measures are needed to ensure that such institutions meet specific standards of care and comply with the law. Limits should be placed on the length of time children spend in these institutions, and programmes must be developed to integrate the children back into the community.
- Importantly, programmes should not single out AIDS orphans. Rather, they should direct services and community mobilization efforts at the communities in which children and adolescents are made more vulnerable due to HIV/AIDS. Generally, the people living in these communities are best placed to judge who is at greatest risk and what factors should be used to guide appropriate responses and assistance.

From the Declaration of Commitment:

“By 2005, ensure that at least 90%, and by 2010 at least 95%, of young men and women aged 15–24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with youth, parents, families, educators and health-care providers.”

“By 2005, reduce the proportion of infants infected with HIV by 20%, and by 50% by 2010, by: ensuring that 80% of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them, increasing the availability of, and providing access for HIV-infected women and babies to, effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially antiretroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care.”

“By 2005, bearing in mind the context and character of the epidemic and that globally women and girls are disproportionately affected by HIV/AIDS, develop and accelerate the implementation of national strategies that: promote the advancement of women and women’s full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection.”

Preventing mother-to-child transmission



The transmission of HIV from mother to child accounts for over 90% of infections among children under the age of 15. The effects are dramatic. AIDS is beginning to reverse decades of steady progress in child survival. But effective and feasible interventions to reduce mother-to-child transmission are now available and could save the lives of 300 000 children each year.

Children at risk

- In 2000 alone, an estimated 600 000 infants acquired HIV—over 90% of them through mother-to-child transmission (MTCT). About 90% of those infections occurred in sub-Saharan Africa.
- HIV can be transmitted to an infant during pregnancy, labour and delivery or breastfeeding. The risk of transmission varies between 15% and 30% among infants who are not breastfed. Breastfeeding increases the risk of transmission by 10–15%.
- Mother-to-child transmission in the developed world has been virtually eliminated thanks to effective voluntary counselling and testing, access to combination antiretroviral therapy or use of long-term regimens of MTCT prevention, safe delivery practices (including elective caesarean sections), and the widespread availability of breast-milk substitutes.

Preventing infection

- A threefold strategy is needed in order to prevent MTCT. It requires that women be protected against infection, and that unwanted pregnancies be avoided among HIV-infected women and women at risk. It also entails preventing transmission of the virus from HIV-infected women to their infants during pregnancy, labour and delivery, as well as during breastfeeding. Voluntary counselling and testing are an essential part of the strategy.
- It is clear that short-term antiretroviral prophylactic treatment is an effective and feasible method of preventing MTCT. When combined with infant feeding counselling and support, and the use of safer infant feeding methods, it can halve the risk of infant infection.
- These regimens are mainly based on the use of nevirapine or zidovudine. Nevirapine is administered in one dose to the mother at delivery, and in one dose to the child within 72 hours of birth. A typical short-course zidovudine regimen is administered daily to the mother from the 36th week of pregnancy up to and during delivery. MTCT programmes supported by a United Nations Inter-Agency Task Team provide these drug regimens free of charge. In 2000, the manufacturers of nevirapine, in partnership with the United Nations system, offered the drug free of charge to developing countries for a period of five years.
- Most HIV-infected women live in deprived conditions and lack access to clean water and sanitation. This limits their ability to employ safe breast-milk substitutes. Research on how to make breastfeeding safer is a high priority. Results from one study suggest that exclusively breastfed children are less likely to acquire HIV than those receiving mixed feeding (breast milk and other foods). But these results need to be confirmed in other settings. Meanwhile, studies are under way to determine whether antiretroviral drugs provided to a mother or infant during the breastfeeding period can prevent HIV transmission.

Major challenges remain

- There is a need for greater awareness of the facts that HIV can pass from an infected mother to her child, and that measures exist to reduce the risk of transmission.
- Access to voluntary counselling and testing must be improved.
- The reluctance of many women to be tested for HIV infection must be addressed. That unwillingness is often a response to stigma and is associated with women's concern that they will be deprived of social or medical support if found to be infected.

- Reproductive health services remain inadequate and must be bolstered if they are to accommodate MTCT prevention programmes.
- Women's access to antenatal and delivery care should be improved. Safer infant feeding options should also be developed.
- Ultimately, if infants are to be better protected from the virus, women's vulnerability to HIV infection must be reduced. Such an approach should include HIV-negative women who are pregnant and lactating, in order to protect them and the children they may subsequently have.
- The focus should always be on women themselves, regardless of their HIV status, rather than on the women's potential for transmitting the virus to their infants.

Building on successes

- The UN Inter-Agency Task Team on MTCT is supporting an ongoing programme to prevent mother-to-child transmission. The programme, which is being enlarged, currently includes pilot projects in Botswana, Burundi, Cambodia, Côte d'Ivoire, Honduras, Kenya, Rwanda, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe.
- By the end of 2000, the Team's projects had already served about 81 000 pregnant women, two-thirds of whom had been counselled and tested for HIV. A third of those found to be HIV-positive were provided with antiretroviral regimens and were counselled on safer infant feeding practices. While some projects are still in their early stages, the experience gained in countries such as Brazil, Thailand, Barbados and the Bahamas shows that MTCT prevention programmes can and should be scaled up to achieve national coverage.



From the Declaration of Commitment:

“By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls.”

Targeting a better life for children and young people

At the United Nations General Assembly Special Session on HIV/AIDS in June 2001, Member States committed themselves to pursuing a powerful set of targets, among them:

“By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally- and gender-sensitive framework.”

“By 2003, develop and/or strengthen national strategies, policies and programmes, which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children, and take account of cultural, religious and ethical factors, to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good-quality youth-friendly information and sexual health education and counselling services; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible.”

“By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care, including that provided by the informal sector, and health care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children [...]”

“By 2003, develop and, by 2005, implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and boys and girls infected and affected by HIV/AIDS including by providing appropriate counselling and psychosocial support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.”

“Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS.”

“Urge the international community, particularly donor countries, civil society, as well as the private sector, to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions, in countries at high risk and to direct special assistance to sub-Saharan Africa.”

Students participate in a HIV/AIDS awareness class at a secondary school in Phayao, northern Thailand. Adolescents, like these students, are a major target group for HIV awareness activities of the Phayao Provincial Health Office.
Credit: UNAIDS/Shehzad Noorani



Young couples walking in Addis Ababa, Ethiopia. Young people must be given the facts about HIV/AIDS so that they can discuss them and learn to protect themselves.
Credit: WHO



HIV-positive for three-and-a-half years, and Florence, HIV-positive for two years, are part of Kibera Community Centre's self-help programme in Kenya. Both are peer educators at the centre.
Credit: UNAIDS/G. Pirozzi



Young Indian girls at a village fair.
Credit: UNICEF - India



These Tanzanian children lost their father to AIDS. Their mother, left to raise them on her own, received help from WAMATA, a local NGO assisting people with HIV/AIDS and their families. WAMATA is an acronym for the Kiswahili name *Walio Katika Mapambano na AIDS Tanzania*—'People in the Fight against AIDS in Tanzania.'
Credit: WHO/L. Gubb



HIV-positive mother with her child, Guatemala City
Credit: UNAIDS/Chris Sattlberger



A one-on-one meeting with a Ministry of Health worker on AIDS prevention in a factory in Amman, Jordan.
Credit: UNAIDS/G. Pirozzi



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