



HIV/AIDS, Children and Adolescents

The HIV/AIDS pandemic

The HIV/AIDS pandemic, now in its 20th year, shows no signs of abating. It is estimated that over 36 million people worldwide are living with HIV or AIDS. Nearly 22 million people have died from this disease, including 4.3 million children.

Africa is home to 70 percent of the adults and 80 percent of the children living with HIV in the world.

Young people bear a special burden in the HIV/AIDS pandemic

Almost a third of all people with HIV/AIDS are between the ages of 15 and 24 – some 10 million young people.

Every minute, six young people under the age of 25 become infected with HIV.

About 600,000 children under 15 were newly infected with HIV in the year 2000.

500,000 children died of AIDS in 2000.

An unknown number of street children of all ages will contract HIV either through commercial sex work, tainted blood, infected needles or rape.

Mother-to-child transmission

Roughly one third of all infants born to HIV-positive mothers worldwide are infected and will develop AIDS and die before their fifth birthday if they do not have access to antiretroviral therapy.

To date, an estimated 1.5 million African children have been infected and about 500,000 have developed AIDS.

Girls and young women are particularly vulnerable to HIV infection

Because of their physiology, girls and young women are up to four times more likely to get HIV from men than men are from women.

In some sub-Saharan African countries, the rates of infection in young women between the ages of 15 and 19 are between 5 and 6 times higher than in young men the same age.

Girls and young women are biologically, socially and economically more vulnerable both to infection and to unprotected and coercive sex:

- their immature reproductive systems are physically more fragile, increasing exposure to the virus;
- the presence of untreated sexually transmitted infections, particularly prevalent in young women, is a risk factor for HIV;
- girls are being initiated into sex at younger and younger ages by men who believe that young girls are safe partners;
- it is difficult for many young women to refuse unwanted sex or insist on condom use; and,
- girls are frequent victims of sexual abuse and violence, including forced prostitution.

Young people do not have to contract HIV to be profoundly harmed by it. For example:

HIV/AIDS is having an enormous impact on education.

The epidemic is eroding the supply of teachers and diluting the quality of education, especially in sub-Saharan Africa.

As teachers become ill and unable to work, some schools are closing. In 1999 alone, an estimated 860,000 primary school children in sub-Saharan Africa lost their teachers to AIDS.

Children from families affected by AIDS—especially girls—are often forced to leave school because they can no longer afford school fees, or because they must care for siblings and sick family members.

HIV/AIDS is resulting in the emergence of an entire generation of orphans among families affected by HIV.

A cumulative total of 13 million children – most of them in Africa – have lost their mother or both parents to AIDS before they reach the age of 15. By the year 2020, up to a quarter of all children in medium-prevalence countries are expected to have at least one parent infected by the time they reach the age of five.

These children face a future of anguish as they watch their parents succumb to illness and die. They suffer from greater poverty as a result of the loss due to AIDS of adult wage earners, farmers, and other skilled and contributing household members. Many children, especially girls, experience a premature end to their childhood as they are required to become heads of households, take care of sick family members, or help support their families. Without adequate care and support, children also experience losses in health, education, nutrition, affection, security and protection, and are at risk of abuse and exploitation. In addition, AIDS orphans are themselves stigmatized, rejected, discriminated against, and isolated.

KEY ACTIONS

Addressing the HIV/AIDS pandemic will require a number of key interrelated actions, including the following:

- protecting and promoting the sexual and reproductive rights of all young people;
- explicitly addressing the gender inequalities that fuel the epidemic;
- empowering girls and young women to control their own lives, and, in particular, their sexual relations;
- providing comprehensive sexual and reproductive health information, education and services to young people, both in and out of school, before and after they become sexually active;
- involving young people in planning, implementing and evaluating HIV/AIDS prevention and care programs;
- recognizing the role of peer education in combating HIV/AIDS;
- ensuring wide access to male and female condoms, and promoting their use;
- preventing and treating other sexually transmitted infections, which increase the transmission of HIV;
- recognizing the part played by poverty and deprivation in spreading infection. Only by investing in poor communities can the AIDS challenge be met, as AIDS disproportionately affects the most disadvantaged in developing countries;
- ensuring that pregnant women living with HIV receive access to antiretrovirals as part of their ongoing treatment of HIV/AIDS before, during and after pregnancy, both to reduce mother-to-child transmission of HIV and to maintain women's health after delivery;
- ensuring that orphans and children in families affected by HIV/AIDS have access to social services, particularly education and health services, on an equal basis with other children; and,
- countering the shame, stigma, discrimination, and silence surrounding sexuality as well as HIV/AIDS.

International Commitments

ICPD Plus Five, 1999

Paragraph 70

“Governments (...) should, by 2005, ensure that at least 90 per cent, and by 2010, at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent.”

Beijing Plus Five, 2000

Actions to be taken by Governments, regional and international organizations, including the UN system, and international financial institutions and other actors, as appropriate:

Paragraph 98(d) Encourage, through the media and other means, a high awareness of the harmful effects of certain traditional or customary practices affecting the health of women, some of which increase their vulnerability to HIV/AIDS, and other sexually transmitted infections, and intensify efforts to eliminate such practices;

Paragraph 103(b) and (c) Intensify community-based strategies to protect women of all ages from HIV and other sexually transmitted diseases – including through the development of safe, affordable, effective and easily accessible female-controlled methods such as female condoms and microbicides - and to provide gender-sensitive care and support to infected girls, women and their families; and,

Paragraph 103 (c) Assist boys and girls orphaned as a result of the HIV/AIDS pandemic.

Sources:

Canadian International Development Agency, CIDA's HIV/AIDS Action Plan, CIDA, 2000.

Joint United Nations Programme on HIV/AIDS/ World Health Organization. AIDS epidemic update: December 2000, UNAIDS/WHO, 2000.

United Nations. ICPD Plus Five, 1999.

UNICEF. Children Orphaned by AIDS: Front-line Responses from Eastern and Southern Africa, UNICEF, December 1999.

UNICEF. The Progress of Nations 2000. UNICEF 2000.

WHO. Pregnancy and HIV/AIDS, Fact Sheet. No. 250, WHO, June 2000.

WHO. Women and HIV/AIDS, Fact Sheet No. 247, WHO, June 2000.

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