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Response of professionals in the care for and protection of children in the era of HIV/AIDS

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Introduction

When the UN Convention on the Rights of the Child (CRC) was drafted in the 80's first incidences of HIV/AIDS were reported. But it did not have the epidemic proportion it has today.

This may explain why the CRC does not contain a specific provision addressing the prevention and the treatment of HIV/AIDS, although article 24 (CRC) provides for the right of the child to the enjoyment of the highest attainable standard of health.

Since the CRC entered into force on September 2, 1990 HIV/AIDS developed into one of the very serious threats for the enjoyment of the rights of children, not only the right to highest attainable standard of health, but also the right to e.g. education (art. 28) and an adequate standard of living (art. 27), the right to survival and development (art. 6) and the right to be cared for by her/his parents (art. 7, 18 CRC).

You are all aware of the devastating impact of HIV/AIDS in the life of children, so I am not going to describe it in details. Just some concrete facts: Sub-Saharan Africa remains the region worst affected by HIV/AIDS with two-thirds of all infected people in the world . More than 25 million people are living with the virus and AIDS is the leading cause of death in Africa. More than 12 million children (under age 18) have lost one or both parents due to AIDS. And to quote the CRC Committee:

“The epidemic impacts on the daily life of younger children and increases the victimization and marginalization of children, especially those living in particularly difficult circumstances. HIV/AIDS is not a problem of some countries but of the entire world. To truly bring its impact on children under control will require concerted and well-targeted efforts from all countries at all stages of development”.

Therefore the UN Committee on the Rights of the Child (the CRC Committee) has, in its examination of reports submitted by States Parties to the CRC, systematically made specific Recommendations regarding actions States Parties should take to prevent and treat cases of HIV/AIDS. Over the past 12 months such recommendations were made to Kenya and Mali (Feb. 2007), to Benin, Ethiopia, Republic of Congo, Senegal and Swaziland (Sept. 2006) and to Tanzania (June 2006).

In addition the Committee has issued a General Comment No 3 on HIV/AIDS and the Rights of the Child (CRC/GC/2003/3, March 2003). In this document addressed to all States Parties the CRC Committee explains what the Convention on the Rights of the Child means for children infected or affected by HIV/AIDS and provides the States Parties with a variety of specific recommendations for actions that should ensure that those children can fully enjoy their rights as enshrined in the CRC.

To avoid misunderstandings: the CRC is a document that addresses States and their governments. All 193 States Parties have committed themselves voluntarily to the implementation of the CRC. Professionals are not States Parties but the CRC is nevertheless very important for their daily practice. It provides them with information and guidance on how children affected by HIV/AIDS should be treated, protected and cared for and what kind of preventive action can be undertaken.

So I will use the CRC as the context and inspiration for the Responses of Professionals in the era of HIV/AIDS. Given the limited time I must be brief.

2. Professional Responses and the CRC

There are, in my opinion, two possible professional responses to HIV/AIDS taking into account the provisions of the CRC: a collective and an individual one. I will elaborate on both of them.

2a. Collective Professional Responses

The implementation of children's rights is not exclusively the responsibility of a government, but also of the civil society as a whole, in particular of NGO's working in this field and in my opinion of associations of professionals. In many countries a wide variety of professionals organize themselves in association e.g. (and with regard to children's issues) social workers, psychologists, (child) psychiatrists and paediatricians. They not only serve the interests of the member-professionals, but also often want to contribute to strengthen the quality of the work of professionals. In that regard they often lobby with the government, members of parliament and when necessary use the media to make their points. If such professional associations don't exist I encourage the professionals to establish them. Experiences so far have shown that they can make a difference.

When it comes to prevention and treatment of HIV/AIDS and in particular the protection of infected and affected children, professional association should play an active role, both in terms of raising awareness, where needed, about the problems related to HIV/AIDS and its impact on children and in terms of developing political pressure with a view to move the government to take the necessary legislative and other measures. At the same time the associations should actively

promote - e.g. via protocols or guidelines, a treatment of and service to children victims of HIV/AIDS that is in compliance with the CRC and takes into account general Comment no.3 on HIV/AIDS and the rights of children. What does all this mean more concretely in the area of collective (or: institutional) responses? Let me briefly summarize some of the possible actions.

- break the silence around HIV/AIDS and end ignorance by actively promoting the dissemination of understandable information about the causes, the consequences and the possible treatment of HIV/AIDS;
- this information should also contain clear messages on the need and possibilities to prevent HIV/AIDS e.g. by explaining the so-called ABC of prevention, Abstinence, Being Faithful and Condom use and the risks of the use of non-sterilized needles and syringes, in particular in the world of drug addiction;
- the development and implementation of guidelines/protocols for the prevention and treatment of HIV/AIDS using the CRC as a framework when it regards children. The possible elements of these guidelines will be presented and discussed hereafter under individual responses;
- undertake all feasible measures to encourage and support the government in its efforts to follow-up the recommendations of the CRC Committee made in its Concluding Observations for the country.

In short: read them carefully and use them in your actions.

By way of example: in various Concluding Observations made to African States Parties (e.g. Kenya Feb. 2007; Ethiopia Sept. 2006; Benin Sept. 2006; Swaziland Sept. 2006) the CRC Committee recommended them to ensure access to child sensitive counselling and voluntary testing with full respect for the right of the child to privacy and confidentiality. Such recommendation can be used by a

professional medical association to develop guidelines to that effect for their members.

These guidelines should be the topic for trainings organized by the association for its members and should include other aspects of a child rights based prevention and treatment of HIV/AIDS and its impact on children (see hereafter).

Finally: also other parts of civil society, in particular religious leaders/churches can play an important role in terms of awareness raising and prevention (see: What Religious Leaders can do about HIV/AIDS, Action for Children and Young People. A Workbook by UNICEF New York 2004).

2b. Responses of the individual professional

First: the possibilities for an individual professional to response adequately to the plights of children infected or affected by HIV/AIDS or at the risk of being infected or affected very much depends on the quality of the policies developed and implemented by the government.

Secondly and despite this obstacle, an individual professional can and should be guided by the rights of children as explained and elaborated in General Comment No 3 on HIV/AIDS and the rights of children. Let me now briefly describe how these rights may guide the individual professional.

Prevention: although prevention may primarily be a matter of policies and programmes of the government, individual professionals can contribute to prevention. For instance research has shown (see article in most recent issue of Child Abuse and Neglect on adolescents in Zambia (1)) that adolescents who are victims of physical and/or sexual abuse often develop behaviours that put them at a higher risk of contracting HIV infection and AIDS. The same increased risk for HIV

infection and AIDS applies to many working children (2). Professionals working with these children should be particularly aware of these increased risks and should undertake extra and targeted measures - including full information to the child about the risks - to prevent these children from becoming HIV/AIDS victims.

In addition: individual professionals working with children and adolescents in need of care and protection should provide them with information on all aspects of HIV/AIDS. To quote the young people themselves (3) “Our greatest problem is not HIV/AIDS, but that we don’t have the knowledge to protect ourselves. All people around the world should have access to information on the HIV/AIDS epidemic. It should not focus only on the threat of AIDS, but rather on truthful information that can prevent infection”.

Non-discrimination: It is a well-known fact that children affected or infected by HIV/AIDS are also victims of very serious discrimination and marginalization. In responding to HIV/AIDS infected or affected children professionals should undertake extra, targeted efforts to prevent or correct this discrimination. This can mean: intensive contact with the (extended) family of the child to prevent the child from being abandoned or to convince them to take the child back in the family explaining inter alia that HIV/AIDS is not spread through every day contact such as shaking hands, kissing, touching/hugging, sharing cups or plates or sharing toilets. It also can mean contact with the school to prevent the child victim of HIV/AIDS from being expelled from education or to convince the school to allow the child back in school. These efforts may also require direct information to teachers, other children and their parents on what HIV/AIDS is and what it is not.

Right to express views (Article 12 CRC) This right requires that the professional not only encourages the child to express her/his views, opinions or feelings, but also to

create a safe and supportive environment in this regard. Respect for the child's right to privacy (art. 16 CRC) includes that information the child provides should be kept confidential unless that is harmful to the best interest of the child.

Depending on the child's evolving capacities (see art. 5 CRC) her/his views and opinions should not be divulged to others (including her/his parents) without her/his explicit consent.

The views of the child victim of HIV/AIDS should be taken into account (given due weight in accordance with age and maturity) when specific measures are taken.

Research has shown that an active involvement of the child contributes significantly to a successful intervention for care and protection.

Education: Teachers and other professionals working in education can and should play a critical role in providing children with relevant and appropriate information on HIV/AIDS which can contribute to increased awareness and better understanding of this pandemic and prevent negative attitudes toward victims of HIV/AIDS.

In short: teachers must talk about the various aspects of HIV/AIDS, also in order to empower children to protect themselves from the risk of HIV infection.

Furthermore, teachers should support the school in an inclusive policy for all children victims of HIV/AIDS. Don't expel them from school or if they drop out undertake all feasible efforts to bring them back in school.

Teachers/the school should not only talk to children but also to their parents in order to create a culture of understanding and acceptance allowing not only children to continue to enjoy their right to education, but also infected teachers to continue as long as possible their teaching activity.

Health care: Professionals working in the field of health care should be well informed about HIV/AIDS and trained in providing appropriate care/treatment to

(potential) victims of HIV/AIDS. This means, inter alia, that these professionals should fully respect the child's right to privacy and non-discrimination (see above) in offering HIV related information, counselling and testing and sexual and reproductive health services. Mandatory testing of children is not allowed and depending on the evolving capacities of the child, voluntary counselling and testing can take place without prior consent of the parent or legal guardian. It is important that health care services do establish protocols to provide the professionals with the necessary guidance and support in their work with children victims of HIV/AIDS.

Special Protection: Professionals working for the protection of children infected or affected by HIV/AIDS are facing major challenges. They should try to prevent the social exclusion and marginalization of these children. They should invest maximum efforts in supporting the (extended) family in continuing to care for these children. If it is not possible to keep the child in her/his (extended) family the first alternative should be another family-type foster care. This may include establishing a child-headed household e.g. in an attempt to keep the siblings together. Mobilizing community support for these child-headed households is important. Placement in an institution (orphanages, children's homes) should be only a measure of last resort. In case of such placement extra attention should be paid to prevention of discrimination and abuse of these children. In addition: such placement should not stop efforts to find alternative family-type care and measures must be taken to successfully reintegrate these children into their communities.

Much more can be said about the responses of professionals in the era of HIV/AIDS. But it is also clear that the effectiveness of these responses very much depend on the commitment of the government to provide, via a comprehensive policy, the

necessary financial and human resources and legislative provisions. The protection of children victims of HIV/AIDS is the responsibility of the civil society as a whole. Only with the active involvement of the government, the professionals, NGO's and UN agencies we can succeed in preventing and reducing the problems children victims of the HIV/AIDS are facing in order to create a world for them in which they fully can enjoy and benefit from their rights.

NOTES

1. Verid Slonim-Nevo and Lawrence Makuka, Child abuse and Aids-related knowledge, attitudes and behaviour among adolescents in Zambia, *Child Abuse and Neglect* 31 (2007) 143-159.
2. Bill Rau, Combating Child Labour and HIV/AIDS in Sub-Saharan Africa. Paper No 1 ILO/IPEC, July 2002. More Papers were published on this topic by ILO/IPEC. HIV/AIDS and Child Labour. A rapid assessment; In Zimbabwe (Paper No 2) in Tanzania (No 3) in South Africa (No 4) and Zambia No 5)
3. Young People Speak Out: Meeting our rights to HIV prevention and care: access for all. Report prepared for the SB International AIDS Conference in Bangkok, 11-16 July 2004 (UNICEF 2004).