



LISTEN, LEARN, LIVE!

World AIDS Campaign with Children and Young People

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Key Issues and Ideas for Action

1999 World AIDS Campaign with Children and Young People

Joint United Nations Programme
on HIV/AIDS (UNAIDS), 1999

UNAIDS (April 1999)

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Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF • UNDP • UNFPA • UNDCP
UNESCO • WHO • WORLD BANK

Joint United Nations Programme
on HIV/AIDS (UNAIDS)
1999

Contents

	Pages
Listen, Learn, Live!	
1999 World AIDS Campaign with Children and Young People	7
Objective 1:	
Raise awareness about the need to listen to children and young people	8
Objective 2:	
Strengthen AIDS programmes with children and young people	10
Ten Action Areas to Strengthen AIDS Programmes with Children and Young People	10
1. National policies that protect children's and young people's rights and reduce their vulnerability to HIV/AIDS	11
2. Participation of children and young people in making decisions and supporting and educating their peers	12
3. Communication to challenge the social norms that increase children's and young people's risk for HIV infection	13
4. Quality dialogue between adults, young people and children	15
5. Economic opportunities and vocational training to reduce children's and young people's vulnerability to HIV infection	16
6. Quality lifeskills, sexual health and HIV/AIDS education in and out of schools	17
7. Child-friendly and youth-friendly health services	19
8. Support and care for children and young people living with, affected or orphaned by HIV/AIDS	20
9. Reduction of stigma and discrimination surrounding HIV/AIDS	21
10. Prevention of mother-to-child transmission of HIV	22

Partners in Listen, Learn, Live!
**World AIDS Campaign with Children
and Young People**

Education International – a worldwide trade union organization of education personnel, whose 23 million members represent all sectors of education from pre-school to university in 148 countries and territories.

International Federation of Red Cross and Red Crescent Societies— with its unique global network of 175 national societies in different countries, the IFRC has particular reach to youth volunteers in the developing world.

MTV International the most popular music television station among young people, reaches one quarter of all TV households worldwide.

Save the Children Alliance— an association of voluntary organizations working in over 100 countries throughout the world for the betterment of children, their families and their environment. All of Save the Children's work is based on the promotion and protection of children's rights. It also strives to fully involve children in decisions that affect their own development.

World Association of Girl Guides and Girl Scouts— one of the largest youth organizations, reaching nearly 10 million girls and young women in 136 countries, working to enable girls and young women to develop their fullest potential as responsible citizens of the world.

World Organization of the Scout Movement— has more than 25 million scouts in 216 countries and territories that are trained to develop the knowledge, skills and attitudes that enable them to be responsible, self-reliant citizens and leaders.

Listen, Learn, Live! **1999 World AIDS Campaign with Children and Young People**

The 1999 World AIDS Campaign – ***Listen, Learn, Live!*** – focuses on communication with children and young people. It builds on the momentum generated by two years of advocacy through the 1997 Campaign, which featured *Children Living in a World with AIDS*, and the 1998 Campaign, which highlighted young people as a *Force for Change*.

Listen, Learn, Live! has **two** main **objectives**. The first objective is to **raise awareness** about the need to listen to children and young people in order for AIDS prevention and care efforts to be effective. The second objective is to **strengthen AIDS programmes** with children and young people in ten action areas.

This Campaign has been developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS), its Cosponsors and partner organizations. UNAIDS Cosponsors are:

- the United Nations Children’s Fund (UNICEF),
- the United Nations Development Programme (UNDP),
- the United Nations Population Fund (UNFPA),
- the United Nations International Drug Control Programme (UNDCP),
- the United Nations Educational, Scientific and Cultural Organization (UNESCO),
- the World Health Organization (WHO),
- the World Bank.

World AIDS Campaign partners this year include the following non-governmental organizations: Education International, the International Federation of Red Cross and Red Crescent Societies, MTV International, Save the Children Alliance, the World Association of Girl Guides and Girl Scouts, and the World Organization of the Scout Movement.

Objective 1: Raise awareness about the need to listen to children and young people

The unfortunate reality is that we still need AIDS campaigns for the young. Our children and young people continue to be infected and at risk. Worldwide, over half of all people who become infected with HIV are under the age of 25.

Every minute, six young people under 25 are infected with HIV. Last year alone, over 3 million children and young people were infected with HIV.

We have to ask ourselves why children and young people continue to be in the line of fire of this virus. For many years children and young people have been told what to do and what not to do: yet the number of infections continues to grow. Efforts have failed, in part, because children and young people have been insufficiently engaged in understanding why they should protect themselves and their peers, and they have not been adequately involved in developing effective prevention and care policies and programmes. Adults need to listen more to what young people say so as to develop relevant programmes with them, to minimize their vulnerability to HIV and reduce the stigma and discrimination that surround the epidemic.

It is imperative that we:

Listen to children and young people, hear their views and concerns, and understand what is important in their lives.

Learn from one another about respect, participation, support, and ways to prevent HIV infection.

Live in a world where the rights of children and young people are protected and where those living with HIV/AIDS are cared for and do not suffer from discrimination.

We must open the dialogue necessary to stem the epidemic: dialogue between children, young people and adults, between adults, and among children and young people.

Parents, policy-makers, religious and educational organizations, and the media influence not only public opinion but also national policies. They shape the attitudes and values that guide behaviours. To influence general opinion, communications with and about children and young people need to address their strengths and vulnerabilities, the discrimination and abuse they face, the contributions they can and do make to the community, and the various societal factors that can foster HIV prevention among children and young people.

Ideas for Action...

- Integrate HIV messages into politicians' and leaders' speeches at public fora.
- Encourage celebrities to speak to their audiences about the need for solidarity with people living with HIV, and provide them with simple messages that they can use in public fora or media interviews.
- Train journalists to report sensitively and accurately about HIV/AIDS and the impact of the epidemic on children and young people, and regularly provide them with updates and relevant statistics.
- Initiate annual media awards as incentives for journalists to write in-depth stories on children, young people and HIV/AIDS.
- Encourage individual journalists to create and participate in informal networks to promote the exchange of information on AIDS.
- Organize individual meetings with editors of regional media outlets to brief them on HIV/AIDS trends and concerns of relevance to their audiences.
- Encourage children and young people to make their views known on HIV-related issues through young people's media, by participating in interactive media such as phone-in interviews and letter writing.
- Work with writers for radio and TV soap operas to integrate HIV/AIDS messages into their story lines.
- Incorporate AIDS-related issues into ongoing campaigns such as "stop violence against women" campaigns and "human rights" campaigns.

Objective 2: Strengthen AIDS programmes with children and young people

The suggestions below to strengthen AIDS programmes with children and young people are based on the December 1998 UNAIDS Programme Coordinating Board paper, *Young people and HIV/AIDS: Background discussion paper on the elements of a global strategy*. Because the World AIDS Campaign serves as a main mechanism for the further development and implementation of the global strategy, the seven original action areas have been expanded to include issues relevant to children and have incorporated the communication aspect relevant to the theme of the 1999 Campaign.

These action areas are not prescriptive: they are suggestions for countries to select from as relevant to their priorities. Also included are some *Ideas for Action* to be used and expanded upon as appropriate. It is crucial that the mobilization efforts of the Campaign are used to move beyond advocacy to strengthen programmes for and with children and young people.

Ten Action Areas to Strengthen AIDS Programmes with Children and Young People

1. National policies that protect children's and young people's rights and reduce their vulnerability to HIV/AIDS
2. Participation of children and young people in making decisions and supporting and educating their peers
3. Communication to challenge the social norms that increase children's and young people's risk for HIV infection
4. Quality dialogue between adults, young people and children
5. Economic opportunities and vocational training to reduce children's and young people's vulnerability to HIV infection
6. Quality lifeskills, sexual health and HIV/AIDS education in and out of schools
7. Child-friendly and youth-friendly health services
8. Support and care for children and young people living with, affected or orphaned by HIV/AIDS
9. Reduction of stigma and discrimination surrounding HIV/AIDS
10. Prevention of mother-to-child transmission of HIV

1 National policies that protect children's and young people's rights and reduce their vulnerability to HIV/AIDS

Policies that promote the healthy development of children and young people and protect, respect and fulfil their rights contribute to reducing their vulnerability to HIV/AIDS. If such policies are not adopted and implemented, children and young people will continue to suffer high rates of infection. Important rights include those stated in the *UN Convention on the Rights of the Child*, the *Programme of Action of the International Conference on Population and Development*, and the *Platform for Action of the Fourth World Conference on Women*.

Existing national policies should be reviewed with the participation of young people to ensure that they include relevant and youth-

friendly policies on children, young people and AIDS. Such policies should include the protection of children and young people's economic rights, as well as their rights to participation, education, health services, support and care, voluntary counselling and testing, and freedom from stigma and discrimination. Policies should also ensure that sufficient research is conducted to understand the changing dynamics of the epidemic among the young. To this end, policies should ensure that data on HIV/AIDS are collected and reported by age and sex. National strategic plans on AIDS should ensure that adequate attention is paid to the specific needs and rights of children and young people.

Ideas for Action...

- Review national policies and ensure that they are youth-friendly and that they reduce children and young people's vulnerability to HIV by protecting their rights. This should be sure to include a review of policies regarding employment, health, school AIDS education and the status of women.
- Create a pocket-sized card entitled, "Know Your Rights" and distribute to children in all public schools.
- Encourage youth groups to hold a workshop for government officials on the utility and effectiveness of youth participation.
- Hold meetings with district leaders to brief them on **Listen, Learn, Live!** and how to work with children and young people.
- Promote that data on HIV/AIDS are collected by single year of age or smaller age groups rather than by large age groups (e.g. avoid clustering into large age segments) and are separated by sex to understand when young people are getting infected and the differences between girls and boys, young women and young men.
- Advocate for national policies that promote the rights of children and young people living with, affected, or orphaned by HIV/AIDS.

2 Participation of children and young people in making decisions and supporting and educating their peers

The genuine involvement and participation of children and young people in all activities related to them, should be a common principle of work.

Young people are a powerful force for change in their own households, in the lives of their peers, and in the wider community. Worldwide, there are important examples of young people taking an active and even leading part in society, especially where their leadership is encouraged by adults who recognize the tremendous resource they offer. In many countries, young people are encouraged to take on roles as educators and mobilizers in local community groups, religious organizations and the like, including those in the AIDS field. Resilient in the face of profound emotional, economic and physical hardship, some young people are able to survive, thrive, and even take care of others.

Structured groups of young people such as sports and religious associations, NGOs, youth services organizations and youth centres are all

unique opportunities for youth leaders to integrate AIDS education into their already-existing programmes. In order for this to happen, young people need to be trained as peer educators for HIV prevention, and in care and support for those who are already infected with and affected by HIV/AIDS. These activities must be supported by local and national authorities through direct funding, use of facilities, support to training programmes, opportunities for sharing experiences, promotion of their activities, and networking with potential private sector partners in youth-oriented initiatives.

When there is mutual respect, rather than attempts solely to influence young people, adults can learn to understand children and young people's perceptions and, in partnership with them, develop far more creative and relevant policies and programmes. This will require decision-making bodies to develop their own mechanisms for consulting and genuinely involving young people in their processes.

Ideas for Action...

- Create youth councils led and made-up of young people who advise policy and decision-making groups on AIDS. Invite at least two young people from such youth councils to be full members of the technical branch of the UN Theme Group on HIV/AIDS.
- Have young people represented on the board of directors of different organizations such as AIDS NGOs, youth development organizations and groups of people living with HIV, to bring the youth perspective to these groups.
- Train young people as peer educators on lifeskills, sexual health, and AIDS education.
- Train young peer counsellors to serve as a link between health care professionals and young clients in local clinics.
- Involve young people in care programmes, such as training on homecare.

3 Communication to challenge the social norms that increase children's and young people's risk for HIV infection

In every society, some social norms make it harder for children and young people to protect themselves from HIV infection. These include expectations about how men and women should behave, sexual and social roles, cultural taboos and other topics not open for public discussion. Such norms are often deeply ingrained in the families, media and schools that surround and shape a child's understanding of the world and their role within it.

In many societies around the world, young men are expected to prove their masculinity by

engaging in sex early, having multiple sexual partners, and not worrying about protection for pregnancy, sexually transmitted diseases or HIV infection. "Real" men are also often expected to be knowledgeable about sex, which often means that even when they know little, they dare not ask for fear of losing face.

At the same time, young women are frequently urged to be ignorant about sex, and to be sexually inexperienced and pure. Many of them do, however, have sex early, and find themselves forced to hide their behaviour from parents and

Ideas for Action...

- Develop workshops for parents on the role they play in shaping their children's behaviour, with emphasis on gender equality.
- Promote positive male role models in youth media.
- Use street theatre to discuss relationships and "the ideal partner".
- Place a question box in classrooms where students can ask anonymous questions that will be answered by teachers at specified times.
- Encourage university students to work with younger students in schools to challenge social norms that put young men and young women at risk for HIV.
- Work with the music industry to develop songs to counter AIDS stigma and discrimination and to emphasize the need for solidarity with those infected and affected by the epidemic.
- Undertake an analysis of negative stereotypes in print media and share the findings with the responsible editors, or hold workshops with journalists and editors to discuss the issues.
- Organize community debates about sensitive and taboo issues and develop materials to help facilitate discussions in these settings.
- Find out which social and cultural norms increase vulnerability to HIV in your community (e.g. social pressure for boys to have sex early).
- Work with advertising companies to create messages that do not stereotype but instead develop new norms.

others. For this reason, young women are not likely to carry condoms as these would be seen as evidence of their sexual activity and may even brand them as 'promiscuous'. The female role also often calls for submissiveness and passivity, which makes it difficult, if not impossible, for a young woman to ask her male partner to be faithful or to use a condom without fearing serious repercussions, including violence.

For young men who have sex with men the risk of social rejection is high. To hide their sexual orientation, many have secretive affairs or rushed sexual encounters with little time for negotiating condom use. Many often also have unprotected sex with women either because they are bisexual

or to mask their homosexuality. The risks for HIV transmission to both men and women through such unprotected behaviour are high.

Social norms that help the spread of HIV must be challenged. Mothers and fathers should be encouraged to speak with their children about sexuality. Young men should be taught that masculinity is not contingent on the number of sexual partners but rather on responsible behaviour. Young women should be given the lifeskills needed to face up to pressure from both their male and female peers. Both young men and women should be encouraged to have open conversations with their partners about their relationship and safer options for sexual activity.



4 Quality dialogue between adults, young people and children

Children and young people want to communicate and connect with trusted adults. Young people from around the world say that they want more discussion about personal relationships, HIV/AIDS, sex and sexuality, and that they want that information to be provided by their parents. According to studies by the International Center for Research on Women, young people need and want communication with significant adults in their lives, including parents, aunts and uncles, grandparents, godparents, and community leaders.

A study of approximately 90,000 young people in the United States, found that young people with a caring adult in their lives were more likely to smoke less, start having sex later, and have fewer unwanted pregnancies. This remained true when controlling for race, socio-economic class, level of education, and whether

the child came from a single or double parent household.

It is, therefore, critical for parents to establish trusting relationships with their children by listening and talking with them. Once such bases are present, it becomes easier for children to raise concerns about sex and sexuality, and for parents to provide clear prevention messages. In turn, parents often require information and skills in order to take a more active role in communicating with their children within the home and in advocating on their behalf in the community on issues related to HIV/AIDS.

Adults in structured settings such as schools, religious organizations and sports groups, can serve as a link between a child and their parents, and can also serve as trusted adults with whom a child or young person can talk with in times of need.

Ideas for Action...

- Encourage teachers to assign homework for children to interview their parents on their own experiences growing up and/or bring up the topic of AIDS with their families.
- Encourage parents to tune in to youth media.
- Encourage young people to take part in planning community or religious gatherings in collaboration with adults.
- Encourage adults to talk with children and young people on issues that matter to them.

5 Economic opportunities and vocational training to reduce children's and young people's vulnerability to HIV infection

Poverty can make entire communities more vulnerable to HIV by forcing young men to leave their homes in search of work, by leaving people hopeless enough to turn to the solace of drugs, or by making prostitution a survival strategy for young women and children.

Poverty can also restrict young people's access to education as many poor families cannot afford to pay for books, school clothes or fees, and often need their children's help in earning the family's income. Girls' education is often sacrificed to ensure that boys can attend school. Consequently, many girls grow up illiterate and with little to no job training. This ultimately makes young women economically dependent on men, particularly on their partners, and often robs them of independence and power to protect themselves.

Other conditions may also increase children's and young people's vulnerability to contracting HIV. Many children and young people who live in poverty turn to the streets, often depending on drugs for solace and

prostitution for work while they are there. Additionally, rural areas and poor neighbourhoods are often the ones least serviced by information campaigns on AIDS, as well as by health services that could help to reduce the transmission of HIV by treating sexually transmitted diseases.

It is critical for girls and boys to be given full access to education, vocational training, and jobs upon graduation so that they are not forced into occupations, such as prostitution, that put them at risk for HIV. Providing young women with income-earning opportunities (e.g. through micro-credit schemes) enables them to participate more fully in decision-making within the family and the community. Such economic power reduces their likelihood of sexual exploitation and abuse, and enables women to provide more effectively for their children, thus breaking the cycle of poverty and dependence. Increases in community wealth will concomitantly bring in needed health and communication services.

Ideas for Action...

- Link to projects which work to develop or increase micro-credit schemes or low-interest loans for income generating activities.
- Increase opportunities for on-the-job apprenticeships for young people.
- Link private companies to youth organizations for training opportunities.
- Ensure that prevention messages reach the most vulnerable communities (e.g. organize "special events" in the poorest neighborhoods).

6 Quality lifeskills, sexual health and HIV/AIDS education in and out of schools

In most countries, the great majority of adolescents are poorly informed about sexuality and reproduction. They also lack the skills needed to say no to unwanted sex or to negotiate for safer sex. Yet many policy makers, public opinion leaders and parents still seem to believe that withholding information about sexuality and reproduction from young people will dissuade them from becoming sexually active. Contrary to popular belief, it has been shown that good quality sex education does not lead to earlier or increased sexual activity. Instead, it helps to delay age of first intercourse and to protect sexually active young people from STDs, HIV and unwanted pregnancy. In fact, sexual education is more effective when it occurs before puberty.

Schools provide an effective and efficient way to reach large proportions of young people and, through them, their families and communities. Schools influence students through what they learn in the curriculum and through the values they teach, including respect, gender equality and human rights. Schools can also create an environment that is safe from abuse and fosters understanding, caring, and

non-discrimination. Teachers need to be appropriately trained for the successful integration of lifeskills and AIDS education in the school setting, as well as in working with peer educators, who have proved highly effective in shaping their peers' behaviours.

Policies on integrating quality lifeskills, sexual health, and HIV/AIDS education into school curricula, starting at primary school and continuing throughout a student's education must be developed by Ministries of Education, in collaboration with parent-teacher associations and with the participation of student representatives. Public advocacy for such policies is needed in order to obtain positive support from parents and other community members.

In addition it is critical that children and young people who do not attend school are also given access to lifeskills, sexual health and HIV/AIDS training, either through NGOs, employers, community fora, or other means. Working and street children tend to be most vulnerable to HIV infection and therefore need to be involved in lifeskills training before they engage in high risk behaviours.

Ideas for Action...

- Integrate quality lifeskills, sexual health and HIV/AIDS education into school curricula starting in primary school.
- Train teachers to provide effective lifeskills education and help them to obtain useful materials.
- Ask associations of people living with HIV/AIDS to contribute to talks with young people at schools and in communities about their experience with the epidemic.
- Train community workers to use interactive techniques such as games and role-plays to teach life-skills, sexual health, and HIV/AIDS.
- Encourage drama groups to perform about issues that increase lifeskills.

Important lifeskills in the HIV/AIDS era

- **How** to make sound decisions about relationships and sexual intercourse, and stand up for those decisions.
- **How** to deal with pressures for unwanted sex or drugs.
- **How** to recognize a situation that might turn risky or violent.
- **How** and where to ask for help and support.
- **When** ready for sexual relationships, **how** to negotiate protected sex or other forms of safer sex.
- **How** to show compassion and solidarity towards people with HIV/AIDS.
- **How** to care for people with AIDS in the family and the community.



Child-friendly and youth-friendly health services

Children and young people who have survived the diseases of early childhood often have less attention given to their health needs. Many unmarried young people report that access to treatment for sexually-transmitted diseases (STDs), family planning services, antenatal and obstetric care is very difficult if not outright impossible. For many young people, the opening times or location of services make them inaccessible, or they are too expensive. Fears about confidentiality also prevent many young people from using services that require the consent of their parents or spouses. In addition, the judgmental attitudes of many health professionals often discourage married and unmarried adolescents from seeking advice and treatment for sexual and reproductive health problems. In some countries, sexual and reproductive health service delivery to adolescents is against the law.

Health services for children and young people must be affordable, accessible, confidential and non-judgemental if they are to be considered “child-friendly” or “youth-

friendly”. Such services include voluntary HIV counselling and testing and care and support services for those who are already infected. They may also include counselling and support for young people who have family members infected with HIV/AIDS. They can be provided at existing health centres where training has been given to staff, at specialized youth clinics, or at NGO or community facilities like youth clubs. They are staffed in part by peer counsellors who are available to discuss family planning, STDs, testing for HIV and substance use. Peer educators serve as a link between clients and the medical staff, and can provide condoms and other reproductive health supplies. In places where they exist, these child-friendly and youth-friendly services have increased the attendance of young people.

It is important that local and national leaders promote the provision of child-friendly and youth-friendly services and the development of a guiding framework on how to implement such services.

Ideas for Action...

- Encourage local health care centres to set aside special times for the provision of health services to children and young people.
- During their formal education, train health care professionals to provide confidential and compassionate care and support to children and young people.
- In existing clinics and schools, design a specific area where young people can confidentially obtain condoms and information about STDs and HIV.
- Promote links between schools and clinics to cooperate in the provision of child-friendly and youth-friendly health services.
- Have trained peer counsellors serve as links between young clients and health care personnel.
- Advertise the existence of child-friendly, and youth-friendly health services.



Support and care for children and young people living with, affected or orphaned by HIV/AIDS

Young people who know they are HIV-positive may find it particularly difficult to cope with being infected so early in life. It may be harder for them to deal with feelings of anger and confusion about their sex life and the risk of infecting others. Even where HIV/AIDS support groups exist, there may be none specifically geared to the needs of people their own age. In addition, young people living with HIV require increased health care as their health declines. Yet, they often face obstacles in obtaining health care (see: Action Area 7).

The toll that AIDS can take on children and young people orphaned by the epidemic is dramatic. Not only do they have to go through the stress of seeing their parents fall ill and die, but as family assets erode, the very prospect of their survival is undermined. They usually have to leave school to care and provide food for parents and siblings; often they are moved out of their homes to live with relatives who are equally poor,

or sent as workers to live with distant acquaintances or employers even if they are very young.

It is critical for the rights of children and young people living with, affected or orphaned by HIV/AIDS to be protected, such as their rights to attend mainstream schools, play on sports teams, and have access to support groups. In addition, economic and emotional support is often needed for families that take in orphans and for orphans who are heading households. To be most effective, professionals who work with these children and young people should be appropriately trained to understand the specific needs and concerns of these populations. The participation of children and young people themselves in such care and support for orphans and young people living with and affected by AIDS would be particularly useful in peer acceptance and in fostering a non-discriminating environment.

Ideas for Action...

Adapted from "Children on the Brink: Strategies to Support Children Isolated by HIV/AIDS", United States Agency for International Development, Washington D.C., 1997.

- Strengthen the capacity of families to cope with their own problems, by providing access to credit, ensuring access to health services, training in home-based care, and providing emotional support through home visits.
- Build the capacity of orphans to support themselves, ensuring non-discrimination in their education, and supporting apprentice schemes with local artisans and employers.
- Promote supportive forums in communities where children and young people living with, affected or orphaned by HIV/AIDS can gain support from each other.
- Develop a pen-pal exchange for children and young people infected and affected by HIV/AIDS in different cities and countries.
- Train community members to provide home-based care to families living with AIDS and link them with existing health care services.

9 Reduction of stigma and discrimination surrounding HIV/AIDS

Young people with HIV infection, as well as those whose relatives are living with or have died of AIDS, may be teased, thrown out of school, or deprived of the company of their friends because the parents of the latter forbid all contact. Whether infected or affected, young people are often ill equipped to confront discrimination, including the painful experience of being rejected by their peers. They may be more ignorant of their specific rights, including the right to non-discrimination in education and employment, and have little access to lawyers or other advocates to fight on their behalf.

Such discrimination against people infected with HIV or against those thought to be infected poses a serious threat to public health. Discrimination has often led those who are infected to maintain secrecy to protect themselves and their families from possible social ostracism. This means that these affected individuals are alone in the struggle of coping with HIV and are unable to benefit from counselling and other support services (when these are available). This personal denial can lead to further transmission of HIV, as those infected

may fail to learn or use ways of protecting their sexual partners. Lack of information on HIV status can lead people to have children without taking advantage of antiretroviral drugs that can reduce the transmission of HIV from mother-to-child (when these are available and affordable). Fear of rejection also complicates the task of prevention, if insistence on condom use is interpreted by the partner as evidence of HIV infection.

Concerted efforts should concentrate on promoting the rights of people living with HIV/AIDS to live free of discrimination, and laws and policies should be developed and enforced to protect these rights. Economic and social discrimination should be punishable. Employers, health care providers, teachers, and politicians, among others must be held accountable for equal treatment towards people living with HIV. National and local leaders must take the lead in countering the fear and silence that allow such stigma and discrimination to cause violence and pain, and pave the way towards acceptance. In addition, media campaigns and schools should emphasize the need for solidarity and support.

Ideas for Action...

- Organize presentations for people living with HIV to speak in schools.
- Investigate and publicize employment and school acceptance practices towards young people living with HIV.
- Train business employers on the rights of people living with HIV, and the critical need to counter discrimination in the work setting.
- Work with community leaders to develop greater acceptance of people living with HIV/AIDS.
- Include people living with HIV into television and radio programme story lines.

10 Prevention of mother-to-child transmission of HIV

Mother-to-child transmission (MTCT) is by far the largest source of HIV infection in children below the age of 15 years. As the number of women of childbearing age living with HIV expands, so too does the risk of transmission from mother-to-child.

The virus may be transmitted during pregnancy (later stages), childbirth, or breastfeeding. In the absence of preventive measures, the risk of a baby acquiring the virus from an infected mother ranges from 15% to 25% in industrialized countries, and 25% to 35% in developing countries. The difference is due largely to feeding practices: breastfeeding is more common and usually practised for a longer period in developing countries than in the industrialised world.

Although AIDS has reversed years of steady progress in child survival, we now have effective means of preventing mother-to-child transmission of HIV. Such strategies for prevention include:

- **primary prevention of mother-to-child transmission** – taking steps to protect women of childbearing age from becoming infected with HIV in the first place;
- **the provision of family planning services** to enable women to avoid unwanted births;
- **a course of antiretroviral drugs** for HIV positive mothers who do want to have children, and replacement feeding for the infant.

Introducing a strategy of antiretroviral therapy and replacement feeding is, however, a complex process. To take advantage of the intervention, mothers need to know that they are HIV-positive, and they must therefore have access to voluntary counselling and testing. Costs and benefits need to be carefully assessed. Policy-makers need to decide what kind of programme is feasible and most appropriate for their countries, and whether or not to test models of the strategy in pilot projects before introducing it more widely.

Ideas for Action...

- Promote the prevention of HIV infection in women as the most effective way of reducing mother-to-child transmission of HIV.
- Ensure that men are informed of their potential role and responsibility in transmitting HIV to their children prior to, and during, their partner's pregnancy.
- Promote an analysis to decide what strategy for mother-to-child prevention of HIV transmission is feasible and most appropriate for the country.
- Promote access to high quality voluntary testing and counselling for pregnant women.
- Reduce stigma and discrimination towards women who choose not to breastfeed in areas where avoidance of breastfeeding is interpreted as evidence of being HIV-positive. Stigma and discrimination reduce the number of women who will attend counselling services when these are available.
- Ensure that, where used, replacement feeding is safe and that mothers have access to breastmilk substitutes.
- Ensure that care and support services for mothers living with HIV and their families are available and accessible over the long term.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together seven UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

UNAIDS both mobilizes the responses to the epidemic of its seven cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV on all fronts: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners – governmental and NGO, business, scientific and lay – to share knowledge, skills and best practice across boundaries.

Listen, Learn, Live!

Listen to children and young people, hear their views and concerns, and understand what is important in their lives.

Learn from one another about respect, participation, support, and ways to prevent HIV infection.

Live in a world where the rights of children and young people are protected and where those living with HIV/AIDS are cared for and do not suffer from discrimination.



Joint United Nations Programme on HIV/AIDS

UNAIDS

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UNESCO • WHO • WORLD BANK

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