
UNIT 2 HIV/AIDS AND CHILDREN

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2.0 OBJECTIVES

The aim of this unit is to acquaint you with the profile of children who are suffering from HIV/AIDS disease. This will highlight the various modes of transmission of HIV to children and how it can be prevented. The unit will also discuss the various rights of these groups of children.

After studying this unit, you will be able to:

- state the profile of children suffering from HIV;
- analyze the various modes of transmission of HIV among children;
- describe various preventive measures to check the transmission of HIV; and
- know various rights of the children who are suffering from HIV.

2.1 INTRODUCTION

The mere mention of the word HIV in association with a child raises many questions. Most children suffer from HIV disease unconsciously, involuntarily or due to circumstances. For this parents and adult members, community and society are responsible. Can anyone imagine the anguish and remorse of a mother when she holds her doomed child in her arms? On the other hand, there are no answers to many vital questions concerning HIV infection in children. In this unit an attempt has been made to analyze the various factors responsible for children getting infected with the human immuno-deficiency virus or HIV.

2.2 MODES OF TRANSMISSION OF HIV AMONG CHILDREN

HIV affects children in many ways. Some of the known sources or situations are given below:

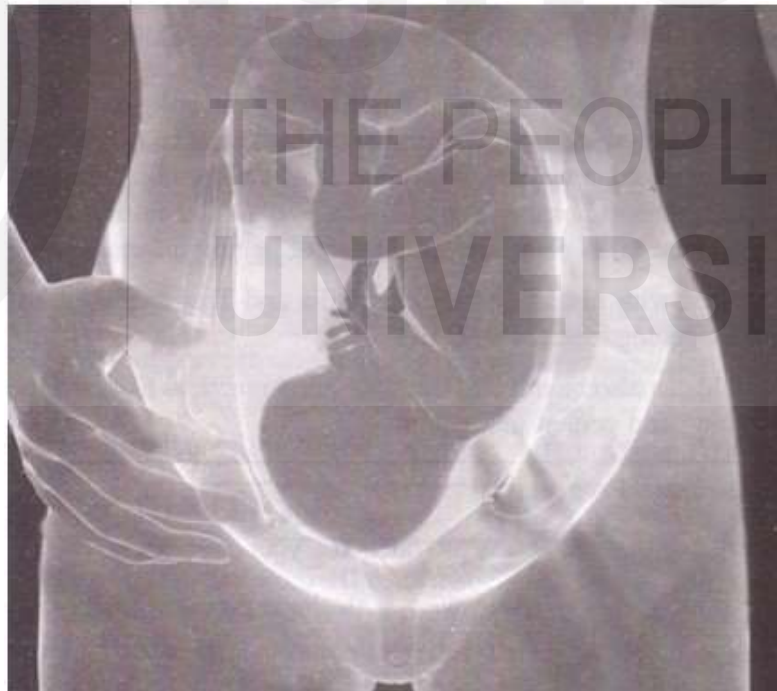
- Mother to child transmission: This transmission could occur in the womb, during the time birth, and through breast-feeding.

- Children who may be sexually abused
- Children who are at risk of infection include street children, child prostitutes and devadasis. Institutionalized children like those who are kept at remand homes/juvenile homes and similar institutions, where child abuse takes place are also at risk of getting infected with HIV.
- Children with diseases like Hemophilia and Thalassemia are also at risk of getting infected with HIV.
- A child can also be infected due to cultural practices like circumcision, tattooing and genital mutilation.

Let us try to discuss some of the routes of HIV transmission among children.

Mother-to-Child Transmission

Mother-to-child transmission is by far the largest source of HIV infection in children below the age of fifteen years. In countries where blood for transfusion and blood products are regularly screened and where clean syringes and needles are widely available in health centres and hospitals, mother to child transmission is virtually the only source of infection among young children. The extremely high rates of HIV infection among women of child bearing age in some parts of the world and increasing risk of infection among women everywhere is therefore a profound cause for worry. A child whose mother is HIV positive can be infected in three ways:



- i) In the womb before birth: HIV has been detected in very early foetus and in umbilical cord blood.
- ii) A baby can also be infected during delivery by the mother's infected blood or vaginal secretions. This is because during the time of birth the child's skin is very soft and thin which paves the way for the virus to get into its body.
- iii) The third means of transmission from the mother to child is from breast-feeding. Researchers now believe that the handful of documented cases where mothers did transmit HIV by breast-feeding was atypical. In each instance,

the mother had received infected blood during blood transfusion immediately following birth and was therefore unusually infectious while she was breast-feeding because of high levels of virus in her blood. It is estimated that about 90 per cent pregnant rural women are anemic, requiring blood transfusions. Medical researchers estimate that the risk of transmission via breast milk is about 30 per cent for mothers who are post-natally infected. The risk is even higher for women who are infected, which is as much as 41 per cent.

It may be noted that human milk supplied to infants from milk banks operational in some of the hospitals in the country could also be a source for HIV infection, if the milk is not tested for HIV. Similarly, infants should not be fed with breast milk of women whose HIV status is unknown.

Prevention

There are various ways and means to prevent mother-to-child transmission at various stages. Some of these prevention methods are as follows:

- a) ***The protection of girls and women from HIV infection:*** HIV transmission can be minimized among women of childbearing age if they are provided adequate information on HIV/AIDS. This strategy is sometimes referred to as “primary prevention”. It involves promoting abstinence before marriage, responsible sexual behaviour among couples, providing them with knowledge about HIV/AIDS and how to prevent infection and ensuring that they have the necessary personal skills and access to marital and sexual health counselling services so that they can act on their knowledge.

It also means providing good quality, user-friendly prevention and treatment programmes for other sexually transmitted diseases (STDs), the presence of which increase the risk of HIV transmission to as much as from 6 to 10 fold. And, crucially, it means taking steps to deal with the cultural, legal and economic factors that make girls and women vulnerable to HIV infection by protecting them from such exposures.

- b) ***The provision of safe/healthy and accessible family planning services:*** Safe, healthy and accessible family planning services will enable women to avoid unwanted pregnancies. The aim is to ensure informed reproductive choice. If a woman is found to be HIV positive, counselling should enable her to give up the desire for conceiving which will further cause her health to deteriorate. Besides the chances of a child being born HIV positive is 25 to 30 per cent.
- c) ***Provision of HIV counselling, testing and treatment:*** An integrated package of measures consisting of voluntary HIV counselling and testing (VCT), the provision of antiretroviral drugs for HIV-positive pregnant women, counselling on infant feeding, and support for the feeding method(s) chosen by the mother can also minimize the chances of HIV transmission among children. This package is often referred to as the PPTC programme (Prevention of Parent to Child).
- d) ***Caesarean section:*** An HIV positive mother should opt for a caesarean section, which will reduce the chances of the child getting infected during delivery.

- e) **Breast-feeding:** The choice of breast-feeding or not breast-feeding should be made by the mother. The benefits as well as disadvantages must be conveyed to the mother and she should be allowed to make a choice. Her choice needs to be respected.

Check Your Progress I

Note: Use the space provided for your answers.

- 1) What are the methods of prevention available to reduce mother-to-child transmission of HIV?

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2.3 CHILDREN AT RISK OF INFECTION

Street Children

India has the dubious distinction of having the highest number of street children. Most of these children are found in the big cities of the country. They earn their living through rag picking, working in hotels, involvement in prostitution etc. This group is the most vulnerable because of the nature of work and resultant exposure.

The most vulnerable are the girl street children. We will dwell at some length on the risks that they are exposed to. Puberty brings new stresses into young street girls' lives. These girls do not have mothers or female relatives to explain to them that menstrual periods are part of normal life, or help them cope with their anxieties. Most of them are sexually abused even before they are ten.

The street girl may not also develop a positive attitude about menstruation or reproductive cycle. Their poor nutritional status can make their menstrual cycles irregular. They may not understand why months pass in between their periods and may incorrectly conclude that they are pregnant or sick.

Avoiding an unwanted pregnancy may be constant stress for an adolescent girl. This is especially true when viewed in the context of the high incidence of sexual abuse, rape and victimization suffered by the girls on the streets. They hardly have the emotional, physical and financial resources needed for a pregnancy or for motherhood. An unsafe abortion, often the only option for street girl, can cause severe health problems as well as emotional distress and in some cases death. Street girls needing abortion usually approach roadside "doctors" i.e. quacks. This further increases the risk to their reproductive health and also exposes them to other exploitative situations.

The tenderness of the age of street girls does not appear to reduce their risk of sexual abuse. Very often girl children of all age groups are sexually abused or raped. In big cities, hooligans pressurize families to vacate the shanties they occupy and very often use rape as a weapon to terrorize them.

Many of them land in brothels against their will. They have no marriage or family life. Under such circumstances, a girl child is exposed to risk factors causing HIV infection. Street girl children may also indulge in drug abuse. Most of them pick up the habit unknowingly.

Devadasis

The devadasi system is a practice in India since ancient times, when young girls of certain sections of society were trained as skilled courtesans and were initiated into the profession through a ritual in temple. This was propagated by Goddess Yellamma. This practice is still prevalent in India, especially in the states of Karnataka and Maharashtra, particularly among some of the economically weaker sections of the society. Young girls are offered to the temple priests and others sexually exploit these girls before they have their first menstruation. Many of these girl children get infected with HIV and several of them also land up in brothels or the flesh market.

Children of Commercial Sex Workers

While other communities in India dread the birth of a girl child and celebrate the birth of a son, her mother, the brothel keeper, and pimps welcome the girl child of a prostitute as a potential source of income. Millions of children of prostitutes in the country have no other options than to follow the profession of their mothers. Given the present situation of HIV/AIDS in the country, many of these children of prostitutes are likely to be HIV infected either from their infected mothers or through customers who engage them for sex at very tender ages.

Prevention

Some of the ways to prevent the spread of HIV among children at risk of infection are:

- Strict enforcement of available legislations to protect and safeguard children from exploitation.
- Rehabilitation of street children and children of commercial sex workers.
- Awareness programme and education for street children and child labourers.
- Sensitization of the general masses to enable them to see children as precious gift of God and not as commodities to be exploited and abused.
- Adoption measures

Check Your Progress II

Note: Use the space provided for your answers.

1) Write a brief note on devadasi system and HIV.

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2.4 CHILDREN SUFFERING FROM THALASSEMIA, HEMOPHILIA AND DRUG ABUSE

Thalassemia

Thalassemia is a hereditary disease, widespread in the Mediterranean countries, Asia and Africa. In this disease there is an abnormality in the protein part of the hemoglobin molecule. The affected red cells cannot function normally leading to anemia. Other symptoms include enlargement of spleen and abnormalities of the bone marrow. The spleen is the scavenger of the body. It destroys the dead blood corpuscles but in case where spleen cannot get adequate blood, it also takes over the function of making it. This does great harm. The body does not get good quality blood and the spleen enlarges to be able to meet the demands of the new role. Hence it starts destroying more red blood cells.

The exact number of thalassemic cases in the country is not known. According to one estimate every year approximately 5000 thalassemic babies are born in India. Patients with this disease have to undergo repeated blood transfusions. Several patients are believed to have contracted the dreaded disease from infected blood transfusion. There are reports from some of the hospitals situated from across the country about HIV transmission through blood transfusion.

Hemophilia

Hemophilia is an inherited condition, which mainly affects men. The condition involves a reduced capacity for the blood to clot due to a deficiency of factor VIII. Consequently, an otherwise minor accident can in such patients be dangerous because the person continues to bleed. Most bleeding occurs internally. The patient suffering from hemophilia is prone to HIV infection because they also require transfusions of blood or use of blood products and these may be infected with HIV.

Intravenous Drug-Users

HIV is easily transmitted, when person share infected needles. Small volumes of contaminated blood remain inside previously used needles and syringes thereby providing opportunities to transmit virus via their infected contents.

In India the Northeastern region and specifically bordering states with neighbouring countries are threatened by the spread of HIV through intravenous drug abuse. Drug use is rampant among the millions of street children whom the Indian cities shelter.

Prevention

Some of the methods of prevention to reduce HIV transmission through blood and blood products are given below:

- 1) Compulsory Testing of blood for HIV before blood transfusion.
- 2) Testing of blood for HIV has been made mandatory in all developed nations and some of the developing countries. In these countries, every unit of blood is tested for HIV and the governments guarantee full safety of every unit of blood. But in India and many other developing nations, the testing facilities are not adequate. There is also a dearth of trained personnel in blood banks. Therefore one should make sure that every unit of blood is screened for HIV before transfusion through ELISA, western blot or PCR test depending upon the source and time gap between donation and transfusion.
- 3) Professional blood donation should be avoided. In India a large number of professional blood donors have been found to be HIV infected. Therefore, accepting blood from professional blood donors has to be discouraged. Instead, every institution and agency in the country should promote voluntary blood donation to meet the blood requirement in the country. Although the Supreme Court of India has banned professional blood donation, one should not take anything for granted. One should make sure that fresh needles are used each time to collect blood from a person through ELISA, western blot or PCR.

Compulsory Sterilization of Lab Instruments

Sterilization is defined as destruction of all the microbes, including bacterial spores. High level disinfection is defined as the destruction of all microbes.

Therefore, equipment used for procedures that draw blood e.g. dental and clinical equipment, or instruments piercing of the skin must be sterilized. Instruments, which involve piercing of the skin by needles as in the case of tattooing, piercing of the ear/nose, acupuncture etc. if not sterilized in a proper manner, present a degree of risk of transmission of the HIV virus.

When outside the human body, the HIV virus has been known to be delicate and difficult to transmit. It is easily deactivated by heat (at 56°C). Chemicals such as bleach are effective sterilization agents. It is important to note that antiseptics such as 'dettol' are ineffective for sterilization.

2.5 PROGRAMME ELEMENTS FOR CHILDREN IN FAMILIES AFFECTED BY THE HIV EPIDEMIC

Many of the striking images of HIV epidemic are found in families: a grandparent surrounded by grandchildren; adolescent-headed families; siblings and cousins bonded together; dying adults being taken care of by their children and communities. It is important to focus on such families rather than, only on children, youth or adults. This allows for an interfamilial and longitudinal analysis of needs, skills and resources of families affected by HIV, which provides a different basis for determining and ranking the required responses.

While specific programme components will vary according to the stage of disease progression, the situation, culture and resources of each country or community, some main strategic programme elements, have been identified. These are not meant to be exhaustive nor are they operational in nature. The specific means of addressing each area may vary from one situation to another. Let us briefly examine each of these areas suggested by Elizabeth Reid (1993):

Components of this program element could include:

- Access to voluntary, confidential and affordable counselling and testing for adults and the motivation to use available services.
- Disclosure of a child's infection to both parents through counselling.
- Continued employment of the HIV infected people.
- Simple treatment of opportunistic infections.
- Passing on to children production-and-income-generating skills.
- Planning children's future care.
- Protection of children's inheritance and other legal rights.
- Prevention of infection while caring for the sick.

Assisting children whose parents have died

Children whose parents have died of HIV-related illness have often also lived through the deaths of the others close to them; brothers and sisters, aunts and uncles, cousins, friends and, increasingly, grandparents. Their very will to live has often been undermined. If they are to grow and develop as human beings and as members of civil society, they need love and care and the opportunity to form and maintain emotional ties with adults. Their material and psychological needs will have to be met; their right to remain integral members of their communities and their legal rights may be at risk and need protection. Consideration can be given to the provision of services to all children within an area heavily affected by the epidemic rather than only to those whose parents have died of HIV/AIDS. The latter approach may lead to resentment and stigmatization of children who receive targeted assistance.

Components of this programme element could include:

- 1) Minimizing children's psychological and emotional trauma.
- 2) Keeping survivors as integral members of their communities.
- 3) Providing basic material needs. Affected families often require direct assistance.
- 4) Education, training and employment creation.
- 5) Children's social and adolescent's development needs. To grow and develop into an adult capable of constructive social interaction, children need to be nurtured and stimulated.
- 6) Adolescents' sexual development needs.

Meeting the special needs of HIV-infected children

As with adults most symptomatic HIV-infected children do not know that they are infected. They continue to lead normal daily lives. Simple infection control

procedures can protect all family members or institutional workers from transmission of the virus.

Both mandatory and voluntary testing has been advocated to determine the HIV status of orphans. However, there are serious ethical issues involved in testing and disclosure to children. Issues, which need to be determined, include: Who wants to know and why? Will it benefit the child tested and how? Who should determine this and how? Can a child give informed consent to testing? Perspectives and policy needs to be drawn up in this area.

Infants and children with HIV-related illness may have special care needs. Meeting them is more difficult where one or both of the parent's is/are also infected or has died.

Components of this programme element could include:

- 1) Support to families with a sick child.
- 2) Promotion of non-discrimination policies and programmes.

Reaching children and adolescents who are vulnerable

Among and within families affected by the HIV epidemic, there will be some children or families of children at particular risk of destitution and of HIV infection: urban families without the support of their extended families, families who for whatever reasons are on the streets, children suffering sexual abuse within families, etc. For many of these young people survival sex, sex in exchange for money, clothing, affection, shelter, food etc., is a basic coping strategy.

Components of this programme element could include:

- Assistance to street children
- Reducing the susceptibility of young women to infection.

Reducing the number of affected children

This objective can be achieved by decreasing the number of adults becoming HIV-infected. Highest priority must be given to bringing about attitude and behavioural change and the change in the community norms and values required to bring this about. Because those with less control over their own lives are at greater risk, efforts to improve the socio-economic status of the most destitute and measure to empower women are critical to reduce the spread of the virus.

2.6 RIGHTS OF THE CHILD SUFFERING FROM HIV/AIDS

The United Nations Convention on the rights of the child in the context of HIV/AIDS has spelt out principles for reducing the children's vulnerability to infection and for protecting children from discrimination because of their real or perceived HIV/AIDS status. Governments need to ensure that the best interests of the children with regards to HIV/AIDS are promoted and addressed. They can use this human rights framework:

- 1) States should include HIV/AIDS, as disability laws exist to strengthen the protection of people living with HIV/AIDS against discrimination.

- 2) State the profile of children suffering from HIV.
- 3) Special measures to be taken by the governments to prevent and minimize the impact of HIV/AIDS caused by trafficking, forced prostitution, sexual exploitation, inability to negotiate safe sex, sexual abuse, use of injecting drugs and harmful traditional practices.
- 4) Children's right to life, survival and development should be guaranteed.
- 5) Children's right to confidentiality and privacy in regard to their HIV status should be recognized. This includes the recognition that HIV testing should be voluntary and done with the informed consent of the person involved which should be obtained in the context of pretest counselling. If the children's legal guardians are involved, they should pay due regard to the child's view, if the child is of an age or maturity to have such views.
- 6) Children should have access to social benefits, including social security and social insurance.
- 7) Children should have access to HIV/AIDS prevention, education and information, and to the means of prevention. Measures should be taken to remove social, cultural, political and religious barriers that block children's access to these.
- 8) Children should have access to HIV/AIDS prevention, education and information both in school and out of school, irrespective of their HIV/AIDS status.
- 9) Children should have access to health care services and programmes and barriers to access encountered by especially vulnerable groups should be removed.
- 10) Children should enjoy adequate standards of living.

(Source: The Role of the Committee on the Rights of the Child and its Health and its Impact on HIV/AIDS: Problems and Prospectus Presentation by World Health Organisation Global Programs on HIV/AIDS at "AIDS and Child Rights: The Impact on the Asia-Pacific Region", Bangkok, Thailand, 21-26 November, 1995.)

Check Your Progress III

Note: Use the space provided for your answers.

- 1) What are the rights to be offered to the child suffering from HIV/AIDS according to the WHO proposal at Bangkok?

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2.7 LET US SUM UP

In this unit we have started our discussion stating that most children have acquired AIDS through no fault of their own. In most cases, parents or adult members of the family or societies are responsible. Today, on a global scale, children are becoming infected at about the rate of one child at every minute. As far as India is concerned, HIV infection rate is increasing very rapidly among children.

HIV affects children in many ways. If we categorize HIV infected children, then the major group will be mother to child transmission, children who are at the highest risk of infection like street children, child prostitutes, devadasis etc., and children with diseases like hemophilia, thalassemia, drug addicts, cultural practices like circumcision and genital mutilation. As the rate of HIV as a whole is increasing, it is found that many children are orphaned. For the development of this group of orphan children, some strategy and planning should be made.

In the last section of the unit some of the proposed rights of the HIV-infected children suggested at the Bangkok meeting by WHO have been enumerated.

2.8 SUGGESTED READINGS

Thomas, Gracious (2001), *HIV Education and Prevention — Looking Beyond the Present*, Shipra Publications, New Delhi.

NACO (2000), *Training Module for Health Workers and Supervision on RTI/STD and HIV/AIDS Prevention and Control*, NACO, New Delhi.

Thomas, Gracious (1997), *Prevention of AIDS: In Search of Answers*, Shipra Publications, New Delhi.