

*Annette Moron was selected as one of the Dutch UN Youth Representatives in 2011. Her campaign around the impact of HIV/AIDS on the youth is based on the idea to “be the difference you would like to see in the world”. For the joint EUKN-EMI newsletter she wrote a blog about her campaign.*



It has been uttered, many of times that the progress of nations lies not in economic power, military strength – or even the splendour of capital cities. Instead the strength of a nation’s civilization and humanity is based on the provision and protection that it affords to the growing minds and bodies of its children. Children are disproportionate casualties of all sorts of disasters – it is difficult to erase the heart wrenching scenes of children being buried alive during the earth quake in Haiti of January 2010. In respect to its impact on children, the damage caused by Human Immunodeficiency Virus (HIV) /Acquired Immune Deficiency Syndrome (AIDS), is different. HIV/AIDS is a pandemic where infection occurs when the virus enters through an entry point in the skin and/or blood. HIV/AIDS can also be transmitted in the following ways: transmission from an infected mother to her child, the use of infected blood or blood products, the intravenous drug use with contaminated needles or other bleeding wounds. It is a predominantly sexually transmitted disease that causes illness and death among many people of different ages, genders and regions of the world. The groups greatest at risk, are also those described as being

‘sexually active’, which is mostly those between 15 and 50 years of age. This disease does not confer itself to any national state defined boundaries and according to reports by UNAIDS it has hit every continent of the world and is spreading daily.<sup>1</sup>

### **Escaping infection but not the impact of HIV/AIDS**

While the global community continues to stagger under the impacts of this pandemic, no group carries a heavier burden than children. Worldwide, children affected by HIV/AIDS are disproportionately poor and malnourished. They are more likely to lack shelter, education, supervision and health care. They are vulnerable to sexual abuse by adults and are used for labour in both domestic and field work. Infants in developing countries may have acquired HIV infection from their mothers. If infected, the usual case is that they die young without access to life prolonging treatment. In Western Europe and other developed regions prenatal transmission has been dramatically reduced through the identification of HIV infected pregnant women as well as through administering antiretroviral medicine during pregnancy, labor and after the delivery to patients. However, those who escape HIV infection unfortunately do not escape the impact of the disease.

### **Some numbers**

The daily consequences of the global pandemic on millions of children that live with dying parents or have been orphaned, unfortunately, lie under the radar of most governments, institutions and agencies. While the tragedies are barely visible, and statistics cannot convey the individual human suffering created by this pandemic, data is necessary to convey its cumulative effect. The disease has continuously evolved and so too have the methods of data

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<sup>1</sup> UNAIDS, 2010. P 16-18

collection and interpretation, although unfortunately, there are still many gaps. There is a certain geographical pattern that is shaped by this pandemic: people living with HIV/AIDS in the richer nations in the Northern hemisphere are lesser in number than those living with HIV/AIDS in developing countries of the world, mainly in sub-Saharan Africa and Asia.<sup>2</sup> Then, the HIV/AIDS pandemic hits developing countries in a disproportionate way. Take the region of Sub-Saharan Africa<sup>3</sup>. According to UNAIDS, this region is home to 2.8 percent of the world's population – yet 33 percent of the people living in this region are infected with HIV/AIDS.<sup>4</sup> Beyond these hardest-hit countries, HIV infection is spreading rapidly throughout Eastern Europe and Central Asia among the countries of the former Soviet Union. In Latin America the pandemic is entrenched in the Caribbean. While the mortality rate has declined in Scandinavian countries, Western Europe and North America, new infections continue to rise in number. This is the broad picture.

### **The silence of HIV/AIDS has to be broken**

In this global pandemic, each regional or local epidemic has a specific time frame, pattern, primary mode of transmission and availability of resources. The impact on children follows the adult epidemic. At the end of 2001 over 11 million children under the age of 15 in Sub-Saharan Africa lost one or both parents to HIV/AIDS. By 2011 that number grew to 20 million and it is expected that about 7 percent of all children in Sub-Saharan Africa will be orphaned by AIDS in 2012. The silence of HIV/AIDS has to be broken: the number of affected orphans and youth is too massive to ignore.

### **The impact**

All children that are born now, are unfortunately living in a world where the pandemic persists – albeit with different consequences for each child. The loss of parents is a most obvious impact of the epidemic on children. The pain of losing a parent is one that – unless experienced – is hard to explain. The pain remains a long time, especially when children have had the experience of seeing a parent or other loved adults endure the devastating disease of HIV/AIDS, culminating in endless suffering and a dehumanizing death. The child's distress is often accompanied by denial and silence within their own household, as well as by community gossip and talk on the much tabooed subject. Emotional pain increases by separation of familiar surroundings and is also worsened if there are family dissensions over claims to the dead parents' property. Coming to terms with a loss is further inhibited in some cultures or areas such as in Eastern Europe, where boys are discouraged from crying or expressing their feelings of grief.

This emotional turmoil affects children's ability to learn and live a common basic humanity with others. Often teachers report that orphaned children are apathetic, listless and excessively reserved compared to their classmates. These children do not tend to laugh or play as much as their age group and are isolated from the rest of their peers. The distress thus forms a barrier to learning and social interaction for some children affected by AIDS. This distress is increased by teasing and a lack of response by the (school) community to the emotional needs of these

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<sup>2</sup> UNAIDS, 2010. P 18

<sup>3</sup> Sub-Saharan Africa is a widely used geographical term that refers to an area in the African continent which lies south of the Sahara. A political definition of Sub-Saharan Africa covers all African countries that are fully or partially located South of the Sahara –forming a break with North African countries which are considered to be part of the Arab World. ( Please see the League of Arab States – [www.arablegiononline.com](http://www.arablegiononline.com) – for the reasoning behind this statement). The distinction between the political and geographical definition of Sub-Saharan Africa will not be considered in this paper. For more information please see “ Political Definition of Major Regions”, United Nations. Consulted: <http://esa.un.org/unpp/definition.html> Retrieved: 13-3-2011

<sup>4</sup> UNAIDS, 2008. P 12-13

children. There have been many examples of barbed comments: “you are dirty, because your father died of *that* disease” or “you want to borrow a pencil? Why? Let your mother buy you one! O right, you don’t have a mother anymore.” Such harsh comments, stigma and prejudice can push AIDS affected children into further social isolation – and can affect the child’s overall development.

HIV/AIDS has also led to the emergence of a relatively new phenomenon: the child headed household. In this household, the adult members are no longer alive and those that are related to the children leave the children to fend for themselves. Access to school is very uncertain for such children, who in no way can meet school costs. Sometimes the demands of sheer survival may take precedence over going to school. The vulnerability of a child headed household entails that children are not subjected to a normal youth in which they learn to live and interact with others in their age group, but are rather expected to already be responsible adults – undermining and jeopardizing nature’s system, as well as the child’s development, emotional stability and wellbeing.

***It’s now or never...***

In response to the needs of children affected by HIV/AIDS, as well as in response to a global society in danger of losing members with potential, talent and skills – we must constantly ask ourselves: what are we doing to fight this global emergency and, what more can we do? Whether we continue to act and give certain priority to this matter, future generations will either praise us or hold us accountable for our failure to prevent the spread of this disease. There is some halting recognition that there is a great challenge posed by orphans and HIV/AIDS affected children, but as of yet – there is little indication that this challenge is quantitatively and qualitatively different from anything that governments and agencies have seen in the past. HIV/AIDS has changed the world in profound and still evolving ways. Children, among the most vulnerable of society – are bellwethers of adult leaders’ willingness, capacity and moral responsibility, to respond to economic, health and social challenges. What happens to children and adolescents now will determine not only their futures, but also that of their families, communities and entire societies. People must come to grip with the fact that this is a make-or break time, beating this disease and its impact is entirely within our reach – and we can use all the help we can get.

*Annette Morón*