

Briefing on discrimination and HIV and AIDS

HIV and AIDS, and its varied, often devastating, impact on children, is an area in which discriminatory attitudes and behaviour may be life-threatening.

Since the first infections were detected, a range of often misinformed and destructive labels have been attached to those seeking treatment, and people have experienced profound and devastating discriminatory barriers.

Behind discrimination

Race and sexuality are examples of areas in which discrimination on the basis of HIV and AIDS plays an intricate part.

HIV and AIDS-related stigma and discrimination has reinforced existing sexual stigma associated with sexually transmitted diseases, homosexuality, promiscuity, prostitution, and sexual “deviance”. This may, perhaps surprisingly, also include children. A report from India, for example, suggests that, while people believe they can be infected simply by touching HIV infected individuals, they also see them as being sexually promiscuous, or otherwise behaving against society's norms (http://timesofindia.indiatimes.com/India/World_AIDS_day_Society_still_shuns_HIV_kids/articleshow/3779230.cms)

Racial and ethnic stigma and discrimination also interact with HIV and AIDS-related stigma and discrimination, and the epidemic has been characterised both by racist assumptions about “African sexuality” and by perceptions in the developing world of the West’s “immoral behaviour.”

Racial and ethnic stigma contributes to the marginalization of minority population groups, increasing their vulnerability to HIV and AIDS, which in turn exacerbates stigmatisation and discrimination.

Some other factors that contribute to HIV and AIDS-related stigma:

- HIV and AIDS is a life-threatening disease.
- HIV infection is associated with behaviours (such as drug addiction, and, as discussed, prostitution or promiscuity) that are already stigmatised in many societies.
- Most people become infected with HIV through sex. Sexually transmitted diseases are always highly stigmatised.
- There is a lot of inaccurate information about how HIV is transmitted.
- HIV infection is often thought to be the result of personal irresponsibility.

- Religious or moral beliefs lead some people to believe that being infected with HIV is the result of moral fault (such as promiscuity or 'deviant sex') that deserves to be punished.

From early in the AIDS epidemic a series of powerful images were used that reinforced and legitimised stigmatisation.

- HIV and AIDS as punishment (e.g. for immoral behaviour)
- HIV and AIDS as a crime (e.g. in relation to innocent and guilty victims)
- HIV and AIDS as war (e.g. in relation to a virus which must be fought)
- HIV and AIDS as horror (e.g. in which infected people are demonised and feared)
- HIV and AIDS as otherness (in which the disease is an affliction of those set apart)

[Source: Alert]

A vicious circle

HIV and AIDS-related discrimination is, therefore, the result of interaction between different existing sources of stigma and discrimination and fear of disease. The pre-existing sources, such as those related to gender, sexuality, and class, often overlap and reinforce one another. This interaction has contributed to the deep-rooted nature of HIV and AIDS-related discrimination, limiting our ability to develop effective responses. It has also created a vicious circle of stigma and discrimination.

First, because HIV and AIDS is associated with marginalised behaviours and groups, all individuals with HIV and AIDS are assumed to be from marginalised groups and some may be stigmatised in a way that they were not before. For example, in some settings, men may fear revealing their HIV status because it will be assumed that they are homosexual. Similarly, women may fear revealing their serostatus because they may be labelled as “promiscuous” or sex workers.

Second, HIV and AIDS increases the stigmatisation of individuals and groups who are already oppressed and marginalised, which increases their vulnerability to HIV and AIDS, and which in turn causes them to be further stigmatised and marginalised

Children

Children with HIV and AIDS or associated with HIV through infected family members have been stigmatised and discriminated against in educational settings in many countries. Stigma has led to teasing by classmates of HIV-positive school children or children associated with HIV (Gilborn et al. 2001). Discrimination against HIV-positive children in the USA and Brazil, including exclusion from collective activities or expulsion from school, has led to non-discrimination legislation (Public Media Center 1995; Galvão 2000).

However, less concern has been shown for young people who are perceived to be

responsible for their HIV infection and who are already stigmatised and discriminated against because they are sexually active, homosexual, or drug users. In the USA, for example, HIV-positive young gay men have been expelled from school and, in some cases, subjected to violence (Kirp et al. 1989).

There have been many reports from health care settings of HIV testing without consent, breaches of confidentiality, and denial of treatment and care

In many cases, HIV and AIDS-related discrimination has been extended to families, neighbours and friends. This 'secondary' stigmatisation and discrimination has played an important role in creating and reinforcing social isolation of those affected by the epidemic, such as children.

[Source: http://pdf.dec.org/pdf_docs/pnacq832.pdf]

The Committee on the Rights of the Child's General Comment number three on HIV and AIDS addresses discrimination.

It states that: "Discrimination is responsible for heightening the vulnerability of children to HIV and AIDS, as well as seriously impacting the lives of children who are affected by HIV/AIDS, or are themselves HIV infected. Girls and boys of parents living with HIV and AIDS are often the victims of stigma and discrimination as they too are often assumed to be infected. As a result of discrimination children are denied access to information, health or social care services or from community life. At its extreme, discrimination against HIV infected children has resulted in their abandonment by their family, community and/or society. Discrimination also fuels the epidemic by making children in particular those belonging to certain groups like children living in remote or rural areas where services are less accessible, more vulnerable to infection. These children are thereby doubly victimised."

The General Comment cites gender as a particular risk factor: *"Of particular concern is gender based discrimination combined with taboos or negative or judgmental attitudes to sexual activity of girls, often limiting their access to preventive measures and other services. Of concern also is discrimination based on sexual orientation."*

See below for recommendations from the Committee.

Country examples

Russia

A Human Rights Watch report from 2005, *Positively Abandoned*, found that, of children born with HIV and AIDS, 20 per cent may be abandoned by their mothers at birth.

It states: "children who are being placed in specialised orphanages for HIV-positive children or, even worse, warehoused in hospital wards where their only access to the outside world is a nurse in rubber gloves who feeds them. The isolation of these children has nothing to do with medical science and everything to do with discrimination ...the government has done little to reverse."

<http://www.hrw.org/en/node/11632/section/1> - Accessed on November 28, 2008.

*Also, the website: http://www.who.int/hiv/HIVCP_RUS.pdf shows demographic and socioeconomic data and HIV indicators.

India

In India, children with HIV and AIDS are often excluded from family events, ceremonies, festivals and marriages, as well as being bullied, according to a study.

Some schools had even refused admission to such pupils because of public pressure.

The study was conducted by UNICEF in association with National Aids Control Organisation and the Ministry of Women and Child Development in the Indian states of Andhra Pradesh, Karnataka, Maharashtra, Manipur, Nagaland and Tamil Nadu where HIV-prevalence is more than one per cent.

<http://www.soschildrensvillages.org.uk/charity-news/indian-hiv-children-face-discrimination.htm> - Accessed on November 28, 2008.

Romania

Another Human Rights Watch, in a 2006 report called "Life Doesn't Wait", found that children faced multiple discriminatory barriers in Romania. More than 7,200 Romanian children and youth between age fifteen and nineteen are living with HIV - the largest such group in any European country.

Romanian law bars children who are more than two years older than their grade level from attending mainstream classes, making many children living with HIV "too old" because they have fallen behind due to long periods of hospitalisation or substandard educational programs in government institutions.

“Other children living with HIV are inappropriately relegated to special schools with inferior resources,” the report found.

Children and youth living with HIV also face discrimination in access to necessary medical services including dental care, dermatological care, ear, nose and throat specialists, gynecological care, mental health care, routine and emergency surgery, and emergency transport for patients who are bleeding.

The report continues: “Doctors often refuse treatment to children and youth living with HIV, or try to discourage them from coming by repeatedly rescheduling appointments, asking them to come back after all other patients have left, or referring to them as "AIDS people" in front of other patients.”

“There is no government plan in place to ensure that the thousands of children living with HIV who are aging out of existing social protection programs have the skills and

support necessary to become productive, integrated adult members of Romanian society.”

<http://www.hrw.org/en/reports/2006/08/01/life-doesnt-wait> - Accessed on November 28, 2008.

Ukraine

The World Health Organisation has reported on the problems of discrimination towards children living with HIV and AIDS.

"Many nurses and doctors are scared of providing services to people and even children living with HIV," said one woman, who runs a day-care centre, describing how a nurse refused to take a blood sample from her daughter for her first HIV test.

With 'HIV' featured in her health records, no kindergarten or school would admit her.

<http://www.who.int/3by5/news19/en/> - Accessed on November 28, 2008.

United Kingdom

HIV-positive children throughout the United Kingdom are being turned away and excluded from primary and secondary schools, which is against the country's anti-discrimination laws, according to the UK's National AIDS Trust.

The Trust discovered cases of discrimination against HIV-positive children as young as age four. Head teachers had told parents of HIV-positive children that teachers, other parents and school personnel would have to be told of the children's medical status.

In one case, a woman was told that a school's staff were uncomfortable with having her HIV-positive daughter as a pupil. She was advised to find a more suitable school and not to disclose the child's HIV status.

"Right there and then I felt defiled," she told Teachers TV News.

"I just looked at my husband and I could see despair on his face, that's the only way I can describe it. And we walked out of there and he was broken, and so was I."

In another 'shocking' example, according to the charity, a child who did not know about her condition was made aware of it by a teacher. She was later bullied and left the school.

There are no known cases of HIV transmission in UK schools.

Under the country's Disability Discrimination Act of 2005, it is illegal to discriminate against anyone living with HIV.

<http://www.medicalnewstoday.com/articles/115162.php> - Accessed on November 28, 2008.

<http://crin.org/resources/infoDetail.asp?ID=19127&flag=news>

Addressing discrimination

Article 2 of the Convention on the Rights of the Child says:

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

General Comment number three on HIV and AIDS and the rights of the child includes a section on discrimination. It outlines the following obligations on States:

- In the design of HIV and AIDS related strategies, and in keeping with their obligations under the Convention, State Parties must give careful consideration to prescribed gender norms within their societies with a view to eliminating gender-based discrimination as these impact on the vulnerability of both girls and boys to HIV and AIDS. States parties should in particular recognise that discrimination in the context of HIV and AIDS often impacts girls more severely than boys.
- The Committee interprets “other status” under article 2 of the Convention to include HIV and AIDS status of the child or her/his parent(s). Laws, policies, strategies and practices should address all forms of discrimination that contribute to increasing the impact of the epidemics. Strategies should also promote education and training programs explicitly designed to change attitudes of discrimination and stigmatisation associated with HIV and AIDS.
- It also notes that, under article 12, the participation of children in crucial in reducing stigma and discrimination, while “States parties should support the regular monitoring and evaluation of HIV and AIDS awareness campaigns to ascertain their effectiveness in providing information, reducing ignorance, stigma and discrimination, as well as addressing fear and misperceptions concerning HIV and its transmission among children, including adolescents.”
- Health professionals should also be trained in adopting non-discriminatory approaches to treatment of children, as well as protecting the right to privacy under article 16.

- Furthermore, paragraph 28 states: “For children from families affected by HIV and AIDS, the stigmatisation and social isolation they experience may be accentuated by the neglect or violation of their rights, in particular discrimination resulting in a decrease or loss of access to education, health and social services. The Committee wishes to underline the necessity of legal, economic and social protections for affected children to ensure their access to education, inheritance, shelter, health and social services, as well as to feel secure in disclosing their HIV status and that of their family members when the children deem it appropriate. In this respect, States parties are reminded that these measures are critical to realisation of the rights of children and to give them the skills.” Paragraph 30 also takes note of the discrimination faced by children orphaned by HIV and AIDS.

<http://www.crin.org/resources/infoDetail.asp?ID=3290&flag=report>

Shadow youth reports

The Global Youth Coalition on HIV/AIDS has produced UNGASS youth shadow reports for a range of countries. UNGASS is the acronym for the UN General Assembly Special Session on HIV and AIDS, which took place in 2001. Read them here: <http://www.youthaidscoalition.org/resources.html#8>

The Coalition also produced a factsheet on discrimination for the 2008 UNGASS follow-up: <http://www.ua2010.org/en/content/download/28428/323600/file/Youth%20and%20HIV-related%20Stigma%20and%20Discrimination%20Factsheet.pdf>

Among other demands, they call on governments to:

- Ensure the meaningful participation of young people living with HIV and AIDS, and other key youth populations at risk, at all levels of decision making.
- Recognise the specific and diverse realities of young people such as age, gender, sexual orientation, etc
- Take a stand against mandatory testing for any age groups, and also against any criminalisation of HIV and AIDS
- Ensure quality information is widely available and accessible for young people

Read, also, the Coalition’s factsheet on comprehensive sexuality for young people: <http://www.ua2010.org/en/content/download/28429/323603/file/Comprehensive%20Sexuality%20Education%20for%20Young%20People%20Factsheet.pdf>

Taking action

The International HIV/AIDS Alliance has proposed the following actions to help overcome stigma and discrimination:

- **Laws** which ensure that children and young people are treated equally and fairly. Where laws exist, communities need to understand what they mean. There also needs to be an efficient and affordable way for people to use the justice system when a law is broken. Laws and Policies which Increase Children's Vulnerability include:
 - property and inheritance laws which prevented children owning property impeded the ability of AIDS orphans to look after themselves and their surviving family
 - policies which restricted sex education for children increased their vulnerability through ignorance
 - the lack of adequate laws to protect children from sexual exploitation increased the risk of HIV transmission
 - there was a need to review juvenile justice, prostitution and homosexuality laws in the light of the AIDS pandemic.
- **Local advocacy** on behalf of children and young people to ensure that communities tackle stigma and discrimination and support children's rights to be treated equally.
- **Psychosocial support** to children and young people experiencing stigma and discrimination.
- Allowing children and young people to **participate** in activities and decisions. Children and young people can then challenge stigma and discrimination themselves.
- **Programmes** must themselves avoid discrimination. This means, for example, that they should not target only children whose parents have died of AIDS. In addition, they should not use stigmatising terms such as 'AIDS orphans'

Further information

[A Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS \(Eng\)](#)

[Understanding and Challenging HIV Stigma: Toolkit for Action \(Eng\)](#)

[The Rights of Children and Youth Infected and Affected by HIV/AIDS: A Trainers Handbook: Module 1 Stigma and Discrimination \(Eng\)](#)

[The Role of Stigma and Discrimination in Increasing the Vulnerability of Children and Youth with and Affected by HIV/AIDS \(Eng\)](#)

[Understanding and Challenging HIV Stigma: Toolkit for Action : Additional Exercises](#)