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2

# WHAT PARLIAMENTARIANS CAN DO TO PREVENT PARENT-TO-CHILD TRANSMISSION OF HIV

# WHY PARENT-TO-CHILD TRANSMISSION?

- Some 800,000 children under the age of 15 contracted HIV in 2002, about 90 per cent through transmission from their mothers.
- Some 610,000 children died of AIDS in 2002.
- If no preventive steps are taken, approximately one out of three babies born to mothers with HIV will contract the virus. Of these infections, about 15 to 20 per cent occur during pregnancy, 50 per cent during labour and delivery, and another 33 per cent through prolonged breastfeeding.
- Sub-Saharan Africa is home to 90 per cent of the world's HIV-infected children.



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# WHAT NEEDS TO BE DONE TO PREVENT PARENT-TO-CHILD TRANSMISSION?

**The most effective way to reduce transmission of HIV from parents to their children is to prevent young people and adults from contracting HIV in the first place.**

- Adolescent girls and women need the support of their partners, families and communities to prevent HIV and other sexually transmitted infections, to practice safe sex and to make informed reproductive decisions. Societies must act to end all inequality and discrimination against girls and women – who must be ensured full access to essential knowledge, education and life skills about sexuality and sexual health.
- Men and adolescent boys need education,

skills training and encouragement to take responsibility for their sexual behaviour. They need to understand that negative attitudes and behaviours towards girls and women put everyone at greater risk of contracting and spreading HIV – men and boys themselves, girls and women, and their children.

**So that they can make informed decisions about reproduction, all young people need access to a range of vital services.**

- The vast majority of girls, women and men in developing countries who are living with HIV/AIDS are unaware that they are infected with HIV. They can only make a fully informed decision about whether or not to have

**“Acting against AIDS first of all means speaking about it and breaking the conspiracy of silence; we then must overcome the taboos and prejudice surrounding the disease and its sufferers; after this, we must inform, raise awareness, educate and provide medical, psychological and social case management for patients, to avert their marginalization.”**

ABDOULAYE WADE, PRESIDENT OF SENEGAL

children once they know their HIV status, based on voluntary and confidential counselling and HIV testing.

- All adolescent girls and women, but even more so those living with HIV/AIDS – or with partners who are living with HIV/AIDS – need to know the range of choices regarding pregnancy, safe sex, antiretroviral treatment and other means of minimizing the risk of transmitting HIV to their babies. They must have access to quality reproductive health and family planning services – and encouragement from their partners, families and communities to make use of these services.

**All pregnant women and adolescent girls living with HIV/AIDS must have access to the full range of methods for reducing the risks of transmitting HIV to their infants, including antiretroviral treatment, safer delivery practices and safer ways of feeding infants.**

- A short course of antiretroviral medicines during pregnancy reduces by half the risk of passing HIV to the baby.
- Safe delivery practices that prevent unnecessary exposure of the baby to its mother's fluids and tissues may also reduce transmission.
- New mothers must have guidance on how to weigh the risk of passing on HIV to their infants against the risk of denying them breastmilk. Only if other types of feeding are acceptable, feasible, affordable, sustainable and safe should HIV-positive mothers choose

these alternatives. Otherwise, mothers should exclusively breastfeed their babies for the first six months, giving no other food or drink of any sort. Other strategies for lowering the risk of HIV infection include preventing and promptly treating breast problems, as well as sores or thrush in an infant's mouth.

**All mothers living with HIV/AIDS need treatment, care and support.**

- Mothers living with HIV/AIDS and their families need to be reassured that they and their babies (if also infected) can still live long, healthy lives. The foundation for this is ensuring that the mothers get treatment, care and support, nutritious food and good health care.
- They and their children need acceptance, support and care from their families and communities, including prevention and treatment of infections and illnesses, antiretroviral therapy, psychosocial and nutritional support and appropriate health care.
- It is fully possible to ensure that babies who have HIV live long, healthy and happy lives. For babies to have the best chance, they need good nutrition and regular health care, including all childhood immunizations, growth monitoring, prompt medical attention when health problems occur, and early childhood care and development services. All babies, with or without HIV, have a greater chance of surviving and thriving if they have a mother to care for them.

# WHAT PARLIAMENTARIANS CAN DO

## **Advocate and mobilize action:**

- Discuss the issue in parliamentary committees concerned with health, social and women's issues, as well as political, community and women's groups, men's and young people's associations, and health and social workers.
- Use national and local data to show the current situation and to project likely trends.
- Raise debates about what men and women, communities and the government can do to prevent parent-to-child transmission.
- Help people understand how gender-based inequality, poverty and discrimination put women and their babies at greater risk of HIV.
- Emphasize the crucial role of men and adolescent boys in preventing parent-to-child transmission by being responsible in their sexual behaviours.
- Advocate for the information, support and full range of services that women and adolescent

girls, families and communities need for counselling, prevention, treatment and care.

- Explain how, with care and support, people living with HIV – including children – can live longer and better lives by 'living positively'.
- Prevent prejudice and discrimination by calling for compassion and understanding within families and communities, and for supportive, non-discriminatory treatment at government offices and public services, particularly at health clinics and other places where women and girls seek support, services and care.

## **Advance services and support – and empowering policies and laws:**

- Use your influence in the legislature to advance policies, laws and budgetary allocations for women-friendly health, social and support services – both for protecting women from getting infected and for preventing transmission to their children. These services include voluntary and confidential counselling

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and testing, services for family planning, reproductive health and safe motherhood, and antiretroviral treatment and other means of preventing transmission to babies.

- Advocate for prevention education on parent-to-child transmission to be provided in health clinics and through women's groups and community centres.
- Secure legislative and policy changes to protect the property, inheritance and work rights of women and girls and strengthen their position in society and the household;

to protect women and girls from all forms of abuse, violence, exploitation, discrimination and trafficking; and to prevent discrimination against their use of reproductive health, family planning and counselling services. It is important to examine whether existing legal and social systems reinforce gender discrimination. The goal must be to empower women and girls to assert their rights, negotiate sexual relations on an equal basis with men and generate their own sources of income.





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SECTION

**WHAT PARLIAMENTARIANS CAN DO  
FOR ORPHANS AND OTHER  
VULNERABLE CHILDREN**

# WHY ORPHANS AND OTHER VULNERABLE CHILDREN?

- HIV/AIDS has killed one or both parents of 14 million children currently under the age of 15. The numbers continue to escalate. By 2010, the total number of children orphaned by AIDS is expected to reach 25 million.
  - Currently, four out of five orphans live in sub-Saharan Africa – but large increases are already occurring in China and other populous countries in Asia.
  - HIV/AIDS is exceptional in that it generally kills both parents. Because HIV is mainly sexually transmitted, if one parent is infected there is a high chance that the other will also become infected. The outcome is not just more orphans but also more orphans who have lost not one but both of their parents.
  - Traditional systems of caring for orphans are being overwhelmed. In many societies relatives care for orphans, but with the massive rise in the number of orphans, they are increasingly unable to cope.
  - When bereft of parental or other responsible care because of their parents' severe illness or death, children are at grave risk – of hunger, of dropping out of school, of losing their inheritance, of drug abuse, of sexual and mental abuse, of HIV.
  - Orphans and other children made vulnerable by HIV/AIDS are often stigmatized, isolated, discriminated against, disinherited and deprived of basic human rights to education and health.
  - No less vulnerable are children who have been orphaned by causes other than HIV/AIDS, or those who are especially vulnerable because of poverty, discrimination, sexual exploitation, abuse or violence.
- Orphans, children whose parents are severely ill from HIV/AIDS and other vulnerable children can live better, healthier and fuller lives when ensured support from families, communities and government. Empowered by support, they – like all children and young people – are a source of hope for defeating HIV/AIDS and for building a better future.

# WHAT PARLIAMENTARIANS CAN DO

## **Break the silence, end ignorance and prejudice and mobilize action:**

- At parliamentary committees, political meetings, discussions with non-governmental organizations and public forums, draw attention to how HIV/AIDS has orphaned millions of children – and made them and other children vulnerable to HIV.
- Explain how severely children are affected mentally, economically, socially and physically – in lifelong ways – as their parents fall sick and die of HIV/AIDS.
- Press for detailed information and data to monitor the situation of orphans and other vulnerable children.
- Document and publicize how children orphaned by HIV/AIDS are often stigmatized and discriminated against, and prevent, challenge and redress such abuses.
- Investigate whether traditional orphan-care systems are coping and examine what support government and communities must provide to ensure good care for orphans and other vulnerable children.

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“Crucial to the survival of children and the future are policies that support children living with HIV and affected by HIV/AIDS...Economic policies and other measures should be measured for their friendliness to children in the HIV/AIDS situation.”

KENNETH KAUNDA, FORMER PRESIDENT OF ZAMBIA

**Develop supportive laws and policies:**

- Introduce or reform policies and legislation to define standards of protection and care for orphans and other vulnerable children based on the best interests of each child and the right of children to family life. Fostering and adoption, birth registration, protection of inheritance and property rights and provision of community-based care are among the key issues that need to be addressed.
- Convince other legislators and communities of the wisdom of implementing community-based solutions and responses.
- Explain to them the compelling reasons why orphans and other vulnerable children should not be sent away or institutionalized. Orphanages and other institutions should only be a last resort. Institutions deprive children of the close relationships, personal care and psychosocial and cultural connections

that families and communities provide. It is more cost-effective to provide support to families and communities with caring for orphans and other vulnerable children than to finance orphanages. Children's rights to a family or family-like environment should be fulfilled.

- Show them why programmes and policies that address orphans should include all other vulnerable children – to promote equitable treatment of all children and to shield children, especially those orphaned by HIV/AIDS, from stigma and discrimination and other human rights violations.
- Advocate for policies and laws to prevent discrimination against orphans and other vulnerable children, to protect the inheritance and property rights of orphans and widows, and to protect orphans and other vulnerable children from abuse, violence, exploitation and discrimination.

**Ensure essential support:**

- Promote and strengthen family and community-based care, including preventing institutionalization, and providing ways to de-institutionalize children and to keep siblings from being separated.
- Ensure that all children have access to quality social services, including health, nutrition, water and sanitation, education, psychosocial support and shelter, without discrimination against orphans and other vulnerable children.

- Ensure that orphans and vulnerable children have equal access to education and receive the support they need to stay in school through, for instance, financial support or the abolishing of school fees.
- Wherever practical, and taking into account the capacity of the child, ensure that orphans are involved in planning and implementing orphan services. Orphans are often mature and wise beyond their years and capable of making correct decisions about their own and their siblings' protection and care.



- Give special priority to hard-hit communities for improving health, nutrition, water and sanitation, education, psychosocial counselling, agricultural productivity services and schemes for income-generation.
- Strengthen and support community efforts to identify and monitor vulnerable households and to provide care and support for orphans and other vulnerable children.
- Advocate for mechanisms to provide economic support to parents, families and households in distress, for example, through tax relief, reduction or abolition of school and health charges, and providing grants for community-based orphan care.

