

Rights of Orphan/Vulnerable children and Role of the Churches

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A child in the midst of HIV/AIDS presents the picture of human vulnerability to a global crisis. HIV/AIDS a global is a major contributing factor of childhood mortality and morbidity. UNAIDS estimated that in 2003 there were 630,000 new pediatric HIV infections, about 90% of which were in sub-Saharan Africa. UNICEF estimates globally more than 700,000 children become HIV positive every day through transmission from parents. An average of 5 – 10% infants are infected during pregnancy, 10 20% during delivery and 5 – 10% during breast feeding. The National AIDS Control Organisation estimate annually 30,000 children are born infected with HIV in India. HIV/AIDS is a major developmental and economic issues that exacerbate the very survival of human race.

Preventing pediatric HIV infection, Care of Orphan and vulnerable children infected and affected by HIV/AIDS has created a major challenge while few dispute to children's right to HIV care and treatment but pediatric HIV/AIDS management have few takers to ensure that children actually benefit from comprehensive Care, Support and Treatment services. Recognizing a child's right from inception in the embryo to the right to attain manhood we must ensure and strive to protect the right of an unborn, protect his right by reducing the potential of infection during the birth, during feeding and live to adulthood. Recognizing that every child needs adequate nutrition, families, peers, education, spiritual, psycho-social for survival, we must strive to provide extensive intervention mechanism in place to concentrate on such critical issues.

Impact on children affected and infected by HIV/AIDS:

Larger than life factor looms over the survival of children who love with the brunt of having one or both parents infected, or child himself or herself being infected. Children suffer more mental, psycho-social, material problems as acute poverty rages having to shoulder economic as well as share the increased burden of care of adults. A young girl brings home a crab, few small fishes to feed her dying mother, a young daughter monitoring her mother's ART intake, a boy stay in a neighbor's house and awaits his mother's return from hospital, children torn between parents living separately, often running on errands to bring medication home to sick parents, cooks for the households, orphans taken care by grandparents are a regular scenario in our homes, towns and villages. There are increasing number of children facing stigma and discrimination in the educational institutions, in the neighborhood, in health care settings. The then Secretary-General of the United Nations Kofi Anan stated,

“Every child should have the best possible start in life; every child should receive a good-quality basic education; and every child should have the opportunities to develop his or her full potential and contribute to society in meaningful ways. The State of the Worlds Children 2001 highlights the first of our goal – the best possible start in life for every child, without exception.”

Rights of Orphan and Vulnerable Children

The Convention on the Rights of Children recognizes the inalienable rights of child as stated in the various convention rights. Article 6(1)(2) states that *State parties recognize that every child has the inherent right to life and shall ensure to maximum extent possible the survival and development of the child.*” The crux of paradox lies in the remoteness to reconcile these rights as enumerated in the article. Can children orphan by AIDS hope to secure a meal, have access to uninterrupted supply of antiretroviral drugs to prolong life, have safe, healthy environment,

access education, live without stigma and discrimination, live with other siblings, access health care facility.

“Children orphaned by HIV/AIDS are disadvantaged in numerous and often devastating ways. In addition to the trauma of witnessing the sickness and death of one or both parents, they are likely to be poor and less healthy than non orphans. They are more likely to suffer damage to their cognitive and emotional development, to have less access to education, and be subjected to worse form of child labour. Survival strategies, such as eating less and selling assets, are not lasting solutions but instead intensify the vulnerability of both adults and children.”

As aptly stated by Ernest Sabato, Commission of Personalities for Children and Adolescents in Latin America and the Caribbean,

“That is why we say to the world leaders – beg of them, demand of them! – that they fulfill their promises that each and every one of them has made. The care of our children cannot be regarded as just another task. It must be understood as the essential and only way for faltering humankind to recover its way.”

International obligations having assumed a non binding character and can tease our conscience, entail detriment responsibility of adults in care and survival of children but can do no more than that should adults withhold to discharge the reliance of the child.

Comprehensive Care of Children:

Life of the child in the context of HIV is but one isolated factor but underlying detriment include the environment in which the child lives and finds acceptance, love, support, food, shelter, etc. Meeting the primary needs, secondary needs and the tertiary needs play a vital role in the basic survival of child. Three inter-related domains covers the life of children in the face of the HIV/AIDS epidemic namely, children vulnerable to HIV/AIDS, children affected by HIV/AIDS and children living with HIV. In the face of the growing hidden epidemic which rages uncontrolled in areas where there has been societal parochial influence, dense denial, stigma and discrimination, inadequate information and education there needs to be an adequate and an accelerated response to eliminate these hindrances. A proactive environment and an increased circle of concern need to be provided to nurture resilient children. We need to strengthen families, government, community stakeholder and leaders in the *rem* such as faith based organizations including the church, the mosque, the temple to protect the rights of children. Children need to be the focus of our intervention and primary prevention programmes must embrace to enhance the generic life skills of growing children in the visage of HIV/AIDS/STI epidemic, drug and alcohol usage, peer pressure surmounting every day. Children should be provided adequate knowledge to enable them to make informed like choices.

Comprehensive care include mobilizing, strengthening our local base to reduce, eradicate stigma and discrimination towards adults and children living with HIV/AIDS in the families, neighbourhood , religious organizations educational institutions, health care setting including the sensitization of health care providers, encourage the greater participation, use their experience and expertise in assessing damages and reinforcing multi-sectoral care and support response. All efforts must work in tandem to prevent provide care, support and treatment in this devastating moment of HIV/AIDS pandemic.

Should we care:

Breaking the intergenerational cycle of HIV/AIDS without moralizing the disease is what should be the mandate of a Church called to minister the sick and the dying. The church restorative ministry should be able to encompass the very concept of an opportunity given to provide care and support. Many children require care and protection and overwhelming increase of HIV/AIDS among children demands our immediate response.

‘With an open heart, let’s stand up and speak out to the world..’

The above statement is made by Philly Bongole Lutaaya (Uganda musician the first African celebrity to disclose his HIV status and join the campaign against AIDS. An early advocate of “ living positively” and eliminating stigma, he is considered one of the “ fathers” of GIPA.

- Stigma is an attribute “ that is deeply discrediting” and that reduces the bearer “ from a whole and usual person to a tainted, discounted one” (Goffman 1963)
- The stigmatized individual is seen to possess “ an undesirable difference” and this “ difference” or deviance is conceptualized by society and applied through social sanctions and rules. The result spoiled identity.
- Stigma is a social process –“ a process of devaluation”
- Stigma results in discrimination. Stigma is the belief – in the “ differentness” of people
- Discrimination is the behavioural expression of that belief
- Discrimination is “ ... the action or treatment based on stigma and directed towards the stigmatized.

No person was reduced to a tainted and discounted position, no person was treated differently, not one person’s identity was spoiled by Jesus Christ. The concept of comprehensive Christian involvement is not an implied factor but a pragmatic expressed factor that requires the hearer not to contemplate involvement but apply imperative act of service. The Christian involvement is entwined in the elements of kerygma-lifestyle and action of concerned Christian, diache-involving teaching and pastoral care, koinonea- fellowship and diakonia – the ministry of care and concern. The Christian involvement should elicit “eleemon” compassion involving thought and action.

This is a part of a series of articles commissioned by Project Raphael – HIV & AIDS project of NEICORD. Comments & suggestions are important to us and can be sent to charity1@sancharnet.in or write to us at NEICORD “Home Leigh” Police Point, Latumkhrah, Shillong – 793003, Meghalaya