Social Marginalisation and Children's Rights

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Trinidad and Tobago

- Mode of sexual transmission - largely heterosexual
- The epidemic has shifted to younger populations
- Young women 15-19 years 3 times more likely to be exposed to the virus than young men in the same age group
- 1985-2000 child deaths increased by 30%

The perfect host

A complex interplay between social, economic, cultural & behavioural factors together with poverty, gender inequalities, stigma & discrimination, all contribute to the spread of the virus

Children profoundly affected

- Fear, anxiety, confusion, anger
- Difficulties accessing and dealing with the effects of treatment
- Stigma and discrimination - effects on interpersonal relationships
- Social alienation
- Grieving & loss compounded by social and psychological effects
- Family and child functioning altered
- Child development impeded especially in relation to health and education

Intersecting factors

- poverty, substance abuse, domestic violence or child abuse - often led to rejection, neglect and abandonment
- economic hardship created overcrowding, poor amenities, inadequate nutrition, poor health care, low literacy and unsafe forms of child labour (including commercial sex):

"a laboratory for spreading the virus and for escalating the onset of AIDS"

Rights Violations

- Freedom from discrimination (Article 2)
- Best interests of the child (Article 3)
- Survival and development (Article 6).
- Name and nationality (Article 7)
- Abuse and neglect (Article 19)
- Children without families (Article 20)
- Health care (Article 24)
- Standard of living (Article 27)
- Education (Article 28)
- Economic exploitation (Article 32)
- Sexual exploitation and abuse (Article 34)

Street Children

Street children emerged as one of the most vulnerable groups affected by HIV-AIDS in Trinidad and Tobago

Who is a street child

- Probably male, of African descent and aged between 11-18
- If female, not visible on the streets in the day. Often living in the home of an older man (domestic servitude and sexual exploitation).
- Often doing exploitative, hazardous or illegal work (including prostitution) in order to survive.
- Wrongly associated with the high levels of crime in the country
- Exposed to health risks (including HIV, STD's, T.B & other diseases)
- Physical immaturity combined with other factors increases susceptibility to HIV (use of condoms, frequency, female)

Survival strategy

- Child
  - Severe abuse
  - Domestic violence
  - Abandonment
  - Family conflict
  - Escape residential care
- Parent
  - Illness
  - Imprisonment
  - Migration
  - Death
  - Substance abuse
  - Poverty

Additional factors (HIV-AIDS)

- Orphaned because of death of parent/s due to AIDS
- Rejection within the wider family or community
- To support other family members affected by the disease
- Lack of adult supervision – sibling-headed households

Services

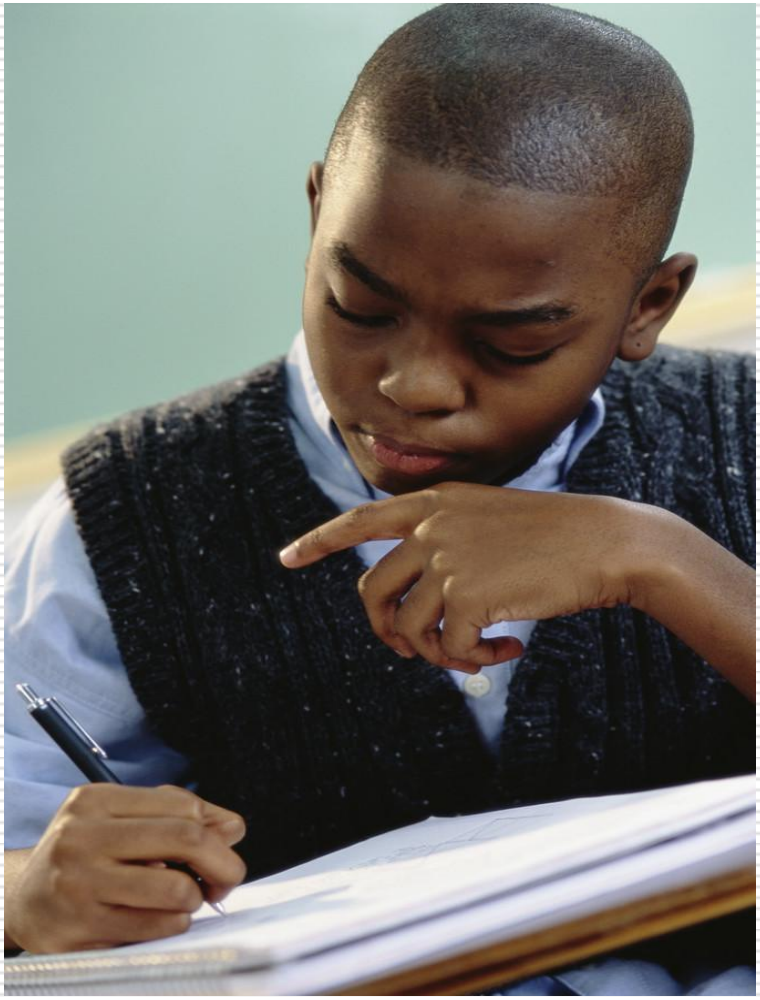
While there are some excellent services provided by a small number of non-governmental and faith-based organisations, on the whole street children have limited access to the resources and support needed to bring about a change in their circumstances

Prevention and education

Low literacy

Do not attend school

Limited access to sexual health information or condoms



Risk and vulnerability

- The child living on the streets has increased vulnerability to HIV-infection
- For the HIV-infected child, life on the streets will expose them to increased risks which may hasten the onset of AIDS and early death

Increased risk of transmission

- Commercial sex work - risk of violence, rape and coercion
- More likely to have been sexually abused
- Increased risk of STD's = increased risk of HIV
- Exposure to drug use - reduces sexual inhibition
- Drug dependency linked to mineral and vitamin deficiencies which compromise immune system
- Young women at risk of passing the virus on through pregnancy

Increased risks when infected

- Risk of malnutrition and overall poor health
- Limited access to health facilities, testing/treatment
- Low standards of hygiene and unsanitary living conditions – exposure to tuberculosis and scabies
- Increased vulnerability to opportunistic infections
- ARVT requires high level of adherence – virtually impossible for children living on the streets
- Increasing bouts of progressively more severe illnesses without access to adequate health care
- Face early death without the support of even a close relative.

Conclusion

- CRC is important in promoting the rights of children affected by HIV-AIDS for four primary reasons:
  - provides valuable political leverage
  - sustains attention on the situation of children
  - functions as a universal benchmark for assessing progress
  - potential as a policy tool (although widely under-utilised) links with social justice and equity

BUT

The study suggests that a broad universal approach to rights may be an inadequate basis for safeguarding the rights of especially marginalised or vulnerable children.

What is required:

- Disaggregated data
- Infusion of HIV-AIDS into programmes on children's rights
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- Infusion of *both* into poverty-reduction policy - poverty and social exclusion addressed as a children's rights issue
- Targeted, tangible and evidence-based interventions based on intersectional analysis of the social factors which increase risk and vulnerability to HIV
- Empowerment of children
- Capacity-building (individual, family & community)

Let’s make the difference