



**Advocating for the Rights
of Children Worldwide
Trust**

HIV/AIDS in the Caribbean: A Brief Overview

By Cathy Wycliff

“AIDS is far more than a medical problem.
AIDS is far more than a national problem.
AIDS is far from over”

*Kofi A. Annan
(Former Secretary-General of the United Nations)*

The Caribbean is second only to sub-Saharan Africa in the number of HIV/AIDS (H/A) affected adults and children (1.2% and 5.9%, respectively). The trends within Caribbean countries are uneven in the spread, stability and decline of H/A. The following summary paper will provide an overview of the H/A epidemic and the impact on the region's children.

The first known reported case of H/A occurred in Jamaica in 1982. However, presently Haiti, the Dominican Republic and the Bahamas have the highest incidence rates (3%), with Trinidad's and Tobago's combined rate of 2% following close behind. The incidence of H/A in Cuba and Puerto Rico is estimated at 1% of the population.

Estimates suggest that in the Caribbean Community region (CARICOM), 240 000 people are living with H/A, and new

infections are increasing. For example, in 2005, 25 000 new infections were believed to have occurred. CARICOM includes Antigua, Aruba, the Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago. The World Bank estimates there are still close to around 400 000 H/A cases in the Caribbean, although statistics are uncertain due to lack of standard reporting.

There is nothing “usual” about the spread of the H/A epidemic in the Caribbean, since different islands and countries have varied transmission rates and varied responses to the epidemic. In addition, surveillance is considered to be inadequate, with the actual prevalence and number of cases of H/A thought to be under reported. Furthermore, migration between islands and countries is very common (e.g., many Haitians move to the Dominican Republic for better work opportunities), which contributes to the spread of the disease.

Gender and Age

Overall, women represent half of the total H/A afflicted adults. Young women are among the most at risk, due to their prevalent relationships with older men - who have a higher incidence of H/A in the male population. There is a culture of tolerance for violent acts towards women in some of the islands, such as Haiti, which may serve to perpetuate the spread of H/A as a result

of rape and sexual abuse. Indeed, in Trinidad and Tobago, 15-19 year old women have six times as many cases of H/A than their male counterparts. In the Dominican Republic, women younger than 24 years are twice as likely to get H/A. Such data suggest that the general tolerance of violence against women combined with unsafe sexual practices, abuse or rape, may in part be contributing to higher infection rates among female youth. In some countries, like Haiti and the Dominican Republic, women and men are affected equally. In other countries, such as Barbados, Trinidad and Puerto Rico, the infection ratio of women to men ranges from as high as 3.8:1 to 2.4:1.

Women who have lost husbands due to H/A are often rejected by their extended families and may lose their property. More troubling is the fact that an estimated 25-30% of H/A infected women transmit H/A to their children either in-utero or later through breast-feeding. Due to H/A-associated stigma, it is believed 12% of H/A cases are caused by unprotected sex between males. Age-wise, the leading cause of death among 15-44 year olds is H/A.

Urban vs. Rural

Most of the reporting of H/A comes from urban areas of the Caribbean, although it is likely the majority of cases in rural areas are under reported. Higher numbers of cases are found in pregnant women in rural areas, such as migrant communities of sharecroppers and plantation workers.

Many urban dwellers infected with H/A return to the rural areas in which they were raised, bringing their children with them. This serves to perpetuate the spread of the disease in rural areas, which may not have otherwise occurred.

Changes in Rates

While Haiti historically has one of the highest H/A rates in the Caribbean, country rates began a significant decline in 2003. Whereas the rate in the early 1990's was 9% of the population, today the rate has dropped to around 6%. Better information about sex practices and blood safety are believed to be central to this improvement. In the Dominican Republic, H/A in pregnant women began to decline in the 1990's, but as reported earlier, higher levels seem to exist in rural areas. Jamaica also has appeared to stabilise incidence rates (1.5%), which is believed to be due to better protection against infection.

HIV/AIDS and Children

The H/A pandemic is having a devastating impact on the well-being of children, particularly in those countries with the highest H/A prevalence rates in sub-Saharan Africa, the Caribbean, and parts of Asia. The virus affects children in multiple ways; they may lose one or both parents and other family members, or become infected with the disease.

Aside from the physical and psychosocial stress associated with the onset of the

disease itself and the experience of loss of loved ones, children affected by HIV/AIDS may be subjected to the burden of caring for others, stigma, discrimination, exploitation, abuse, financial hardships, and are less likely to attend school. The social and economic effects of the disease means areas with high AIDS-related mortality are less able to provide traditional family and community care, protection and basic services for children.

Children with HIV-positive parents are at a greater risk of being orphaned, abandoned, removed by social services, placed into foster or institutional care, becoming homeless, or left to head households on their own.

Prevalence of Orphans

In major Caribbean cities (such as Port au Prince, Kingston and Santo Domingo) there are thousands of children sleeping on the streets and in parks, and their numbers have grown over the past five years. As their parents disappear, so does the nurturing and care they once provided.

Most of the Caribbean islands have no reliable data on the prevalence of orphans, and estimates tend to range from 200 000 to 300 000 children. The proportion of this number represented by H/A orphans is unknown. It is believed that the rates of orphans in general and H/A orphans in particular are rising and will continue to grow. Indeed, H/A is a major contributor to

children's vulnerability in this region. Haiti alone, is believed to have 25 000 orphaned children as a result of H/A.

While extended family members are often available to care for orphans, many are vulnerable and can become the victims of severe abuse and exploitation. For example, reports suggest orphaned Haitian children are sold to wealthy families with a promise of a better life. In the Dominican Republic, H/A orphans become easy recruits for the kidnapping and political or drug gangs. If H/A is highly stigmatised in a particular area, then the possibility of becoming a street child is increased. Children who are orphaned lose their inheritance rights, are often forced into prostitution or hard/hazardous labour.

Educational Access

Educational access is severely limited for children with H/A in many parts of the Caribbean. Haiti offers one of the worst examples, where children are expected to work even when sick; and they are often deprived of food and medical care.

School-age children who have lost a parent to H/A are often kept at home caring for a sick parent. They may act as breadwinners or cannot attend school due to their own H/A infection.

Children may be lacking information on H/A, which becomes a matter of life and death. In fact, even if they are still in school, most

governments do not include H/A information in their curriculum. Children with H/A have similar vulnerabilities with regard to educational opportunities, as children who are discriminated against due to colour, disabilities, or who have become orphans due to military conflict.

Poverty

Educational access is, of course, closely tied to poverty. Although official records are unavailable, some of the poorer countries, like Haiti and Jamaica, are already threatened with high unemployment rates. Gender issues affect poverty as well and affect women at a higher rate than men. It is not uncommon for women to suffer loss of property, contributing to a vicious cycle of poverty. Orphaned children are often forced to work and live on the streets as sex workers in order to survive and may be trafficked to other islands for this purpose. Orphaned children sleep in parks, receive no medical care or education, and often do not even have shoes. Orphans in Haiti often become household workers called *restaveks* (Creole for “stay with”), which amounts to becoming household slaves in exchange for a place to live.

Health and Medical Care

Ninety percent of mother-to-child transmissions of HIV occur in developing countries, and the best way to combat this problem is with anti-retroviral therapy (ART). By one year of age, one-third of infected

infants will have died, and about half of them will have died by age two years.

Pregnant women who do not take medication during their pregnancies have a 20-30% chance of infecting their children with H/A. Heavy doses of ART during and 6-weeks after pregnancy may reduce the baby’s risk, and C-sections and alternatives to breast-feeding can also reduce the chance of baby’s infection.

There have been improvements in general access to medical care for HIV infected people, prompted by agreements made between the PAN-CAR Partnership Against AIDS and several pharmaceutical companies. Cuba, as an example, has a very comprehensive care program for people living with HIV, which includes clinical trials, food rations, health monitoring and education about safer sex practices.

Drug costs have dropped and are more widely available. Drug purchasing agreements have resulted in some major reductions in the price of HIV treatments. UNITAID, an international drug-purchasing facility, reports a 40% drop in drug prices which directly benefited the Caribbean islands.

Services for Children

Worldwide, HIV funding for orphans and vulnerable children has increased from US\$1.6 billion in 2006 to US\$2.1 billion in 2007.

Many international organisations offer assistance to children affected by HIV around the globe, such as UNICEF. Other worldwide programs offer psychosocial support for vulnerable children affected by H/A.

However, some reports suggest there should be caution when using programs run by outside groups, who may be unaware of local customs and socio-cultural norms, which may result in H/A programs that inadvertently produce harm as opposed to help. For example, rather than setting up residential homes or orphanages, which some foreign agencies tend to fund, it is recommended that funding be spent supporting the families and communities where H/A children live. This is underpinned by the belief that children are best cared for by families and committed adults.

The Better Care Network (a division of UNICEF, New York), whose mission is “facilitating global exchange around children without adequate family care” also advocates for pro-kinship care, whereby care is family and community-based. Their position is anti-institutional care, and they suggest foster care or adoption is preferable options for orphaned H/A children. Indeed, research suggests vulnerable children are best cared by immediate family members and are most successful when there is a strong link to support services for the family caring for the orphan.

In 2005, UNICEF began a campaign to bring publicity to the causes of “Unite for Children” and “Unite Against Aids”. Although the results have been insufficient, some positive actions have been taken, with their agenda now included in many “plans for action”, national policy frameworks and papers/conferences.

Specific to the Caribbean, there are several strong HIV programs that deserve mention. In Haiti, Arc-en-Ciel has integrated three programs for vulnerable children:

- (1) a residential care facility or shelter for children orphaned by HIV;
- (2) outreach programs to train families affected by HIV; and
- (3) a mobilisation program to network information in the local community.

Arc-en-Ciel also works toward socio-economic issues, like overcoming the stigma associated with HIV infections.

Centre d’Action Pour le Development provides free meals to 500 street children in Haiti, funded by the Haitian government and international agencies. Those funds also support 70 children by providing them additional aid in the form of housing and education.

Finally, “The Hibiscus Foundation” in Trinidad, provides support for children’s programs (as long as they are open to H/A infected children). This organisation was founded by Wendy Fitzwilliams (a former Miss Universe), an H/A activist who speaks

frequently about the silence problem in her native Trinidad.

Other Available Resources

Some of the clinics, orphanages and centres helping children orphaned by H/A in the Caribbean are named below. For more information about each of the organisations, please visit their respective websites.

Agape Home
<http://www.plantingpeace.org>

Albert Schweitzer Hospital
<http://www.hashaiti.org>

Batey Relief Alliance
<http://www.bateyrelief.org/mt>

The Centre d'Aide au Développement
www.unicef.org/infobycountry/haiti_28368.html

Casa Rosada
lacasarosada2001@yahoo.com

Comfort House
<http://www.haiticomfort.org>

Cyril Ross Nursery
http://www.svdptt.org/cr_nursery.htm

Dare to Care
http://www.mustardseed.com/children/dare_to_care.html

FHI
<http://www.fhi.org>

GHESKIO
<http://www.haitimedical.com/gheskio>

Partners in Health
<http://www.pih.org>

Rainbow House
<http://www.maisonlarcenciel.orgv>

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