

Subject area: Programmes

Title: Reflection on Practice: Exploring management approaches to managing HIV/AIDS, with specific reference to programmes

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Target Audience: Teachers, Caregivers, Health Care Providers, Parents, HIV-AIDS Programme co-ordinators/ personnel, Social Workers

Key Transferable

Lessons:

- (1) Myths with respect to HIV-AIDS are prevalent in many societies
- (2) Myths vary according to different cultures and societies
- (3) HIV-AIDS programmes should consider associated myths
- (4) Awareness levels regarding HIV-AIDS myths must be raised

Introduction

My experience on practicum included working in St. Vincent and the Grenadines, Save the Children Fund (VINSAVE), through the Caribbean Internship Project (CIP) and with the Sondai Project, University of the West Indies. This paper focuses on **programmes** in relation to HIV/AIDS.

CIP and VINSAVE operate as partners in Early Childhood Development. VINSAVE networks with other social service agencies, which provided the opportunity for me to

work with them in the area of HIV/AIDS. Opportunities also arose given that HIV/AIDS was a national concern at the time and various agencies were working towards sensitising the public about the epidemic.

With an increase in the number of pregnant HIV positive women, VINSAVE, as the main agency for training early childhood educators and caregivers, recognised the need to put systems in place to adequately support the children, caregivers and parents thereby fulfilling its mandate. Given the focus of VINSAVE as an agency focusing on early childhood development, HIV issues affecting educators, caregivers, parents and children could not be ignored. As such, the agency took a proactive approach and worked to put systems in place to address issues that may arise. Key observations and experiences regarding programmes will be noted on the following pages.

Frequently Asked Questions (FAQ's):

The following questions were raised in a workshop in Trinidad. These questions reflect many myths with regard to HIV-AIDS in Trinidad. These questions should be considered when planning and implementing a programme as well as other culture specific myths and issues that may be relevant to other societies.

1. Do all children born of HIV positive mothers contract the virus?

Not all children born of infected mothers will be HIV positive. There are procedures and medications that can be taken to reduce the likelihood of mother-to-child transmission. Pre-natal and ante-natal treatment for the mother and baby, an artificial alternative to breast milk, caesarean section birth, are some measures taken to protect the newborn from infection.

2. Is it safe for children to play with an HIV positive child?

Children who are HIV positive can play with other children. It should be noted that disclosure of HIV positive status may not have taken place or parents of some HIV positive children may not know about their child's status. All children should however be monitored closely so that they do not come into contact with blood. This therefore requires great vigilance on the part of the preschool teacher and other caretakers.

3. What about if my child comes into contact with human waste such as urine, saliva, faeces, vomit, tears and sweat? Can these infect a person?

Sufficient quantities of HIV have not been found in urine, saliva, faeces, vomit, tears or sweat of HIV positive persons. Contact with these fluids has never been shown to result in transmission of HIV. Although HIV cannot be transmitted by these means all children should be carefully monitored to minimise the risk of coming into contact with urine and faeces. This reduces the risk of contracting other infections to which children are especially vulnerable.

4. Is it safe for my child to share snacks and food or accept these from an HIV positive child?

It is quite safe. The virus cannot be transmitted in this way.

5. Is it true that having sex with a virgin child will cure HIV/AIDS?

An HIV positive person having sex with a healthy child will only increase the child's risk of contracting the virus. This practice is a criminal act of child sexual abuse.

6. How long could an HIV positive child live for?

Children who are HIV positive are living healthy, long lives as non-infected children do provided that medical regimes are adhered to. It is important that caregivers seek medical attention, follow the doctor's advice as best as possible and provide a strong support system.

7. My child would die soon anyway. Why bother to spend time and money sending him/her to school?

Scientists are exploring ways of combating the virus. With proper medical, social and emotional attention a child who is HIV positive can live a long and fulfilling life. Every child has the right to education, quality life and the opportunity to learn values and skills that would help him/her to live a fulfilling life as he copes with the virus.

8. Can a mosquito transmit the HIV virus from one infected child to another child?

Mosquitoes do not transmit the HIV virus. The virus is in too small quantity to be transmitted. Also, mosquitoes draw blood and do not release blood.

9. Should I reveal my child's HIV status to the management of the centre?

This decision is entirely up to the parent/guardian. However, you may need to if your child requires special medication whilst in the care of the centre. Ensure that the information you disclose is treated confidentially.

Assessment of Youth Programmes:

The Sondai project envelopes many facets of HIV/ AIDS. One such aspect was the investigation of key HIV/AIDS youth programmes in Trinidad. I assessed the approaches used, service usage, challenges, examined areas for development and research and elicited from stakeholders the effectiveness of the programmes.

Focus on youth programmes is especially significant given that the 15-24 year age group is reported to have the highest prevalence of HIV/AIDS cases, (UNAIDS, 2004).

Key highlights included:

1. The programmes included young persons throughout every stage of development and implementation. They were usually trained in the area to disseminate information and provide support as well as work as administrators in the various programmes.
2. The programmes placed heavy emphasis on education and information sharing and were deficient in effectively addressing more complex issues such as attitude change.
3. There is the need for flexibility in the strategies used to promote awareness. Repetition or overuse of some strategies may result in desensitisation among young persons.
4. Although youth empowerment and inclusiveness may be an effective approach to addressing the issue, adults are important to the process so that guidance, support and direction can be provided.