

Children and HIV/AIDS in Honduras: Lessons from a Service Trip
Diana Veloso

The HIV/AIDS crisis is much more complex than what most people think. The epidemic is not limited to homosexuals, drug addicts, prostitutes, sexually promiscuous individuals, and other groups who are readily associated with this disease. Granting that HIV, the virus that causes AIDS, is commonly transmitted through sexual contact and drug use, the victims of the AIDS crisis are not limited to adults. The virus affects children, too.

As of 2004, the number of children living with HIV worldwide was estimated at 2.2 million. Another 640,000 children under 15 years comprised the population of people newly infected with HIV. Also, 510,000 children under 15 died of AIDS (Uniting the World Against AIDS [UNAIDS], 2005; see Figure 1). Millions of children around the world have had their young lives damaged by HIV/AIDS in many ways. Yet they remain invisible in most discussions on the impact of the HIV/AIDS crisis (Avis, 2005; Berry, 2006; Centers for Disease Control and Prevention [CDC], 2005a; CDC, 2005b; United Nations Children’s Fund [UNICEF] and UNAIDS, 2005).

Figure 1. Global Summary of the HIV/AIDS Epidemic in 2004

Number of people living with HIV in 2004	Total	39.4 million
	Adults	37.2 million
	Women	17.6 million
	Children under 15 years	2.2 million
People newly infected with HIV in 2004	Total	4.9 million
	Adults	4.3 million
	Children under 15 years	640,000
AIDS deaths in 2004	Total	3.1 million
	Adults	2.6 million
	Children under 15 years	510,000

Source: Uniting the World Against AIDS (UNAIDS) and World Health Organization (WHO), 2005

The situation of children in Honduras represents a case in point. Honduras has the bulk (at 60%) of AIDS cases in Central America, although it has a smaller population size, compared to other countries in the region (Avis, 2005; Clinton, 2006; United Nations Population Fund [UNFPA], 2004). Half of all AIDS cases in this country are borne by teenagers. Children are among the greatest victims of the disease. Like their counterparts around the world, they risk contracting HIV or losing one or both parents to AIDS. They also risk being abandoned on the streets, given the difficulties their immediate or extended families may face in caring for them (Montana de Luz, 2006).

On a personal note, a service trip to Montana de Luz, an orphanage for children with HIV/AIDS in Honduras, put a face—multiple faces, rather—to all the trends and statistics about the HIV/AIDS crisis that I had only previously known through books and articles. The service trip, which took place in May of 2006, also helped me place the HIV/AIDS crisis in Honduras in context and enabled me to identify social factors—such

as socio-economic and gender inequality and unsafe sex practices—that put people at a risk for contracting HIV/AIDS. Such issues will be covered in this presentation.

Honduras: A Profile

Honduras, the original “Banana Republic,” is the second-largest country in Central America, next to Nicaragua. Its size is slightly larger than that of Tennessee. Honduras is located in the heart of Central America and is known for its natural resources, low-profile tourism, and cheap living expenses.

Unfortunately, Honduras is also known as one of the least developed and industrialized nations in Central America, and remains largely dependent on foreign aid, particularly from the United States. The unequal distribution of wealth and income in this country cannot be overemphasized (Avis, 2005; BBC News, 2006). Monopolies abound, and political and business elites control the economy. Corruption is widespread within the government, police, and military forces, and the judicial system is weak. Locals and tourists alike acknowledge that “bribery is a way of life” in Honduras. (Avis, 2005; US Library of Congress Federal Research Division, n.d.).

The unemployment rate of Honduras is estimated at 30%; this figure is greater among women. More than half of the population (53%) lives below the poverty line. About 68% of Honduran families, especially those in rural and semi-urban areas, live in poverty (Avis, 2005; Clinton, 2006; Nazario, 2006; UNFPA, 2006a; UNFPA, 2006c; UNICEF 2006a).

One’s socio-economic status affects other areas of one’s life opportunities and prospects, such as one’s education, employment status (or lack thereof), beliefs, values, and practices, health status, and access to services. As such, the extent of poverty in Honduras has multiple negative consequences for its citizens. Poverty also creates fertile ground for the spread of infectious diseases, such as HIV and AIDS.

Gender inequality intersects with socio-economic inequality, and likewise affects one’s life opportunities and prospects. As is the case around the world, the status of women and girls in Honduras and the extent to which society respects their right to safe sexuality and to autonomy in all decisions regarding their sexuality, are linked to the conditions in which the scourge of HIV/AIDS can flourish (World Health Organization [WHO], 2000).

HIV/AIDS in Honduras

To place the HIV/AIDS crisis in Honduras in context, it is necessary to consider some HIV/AIDS statistics and figures pertinent to Latin America. In brief, Latin America has the second highest rate of HIV/AIDS infections, next to Sub-Saharan Africa. As of 2004, about 1.7 million adults and children in Latin America were living with HIV; of this, 26,000 were children under 15 years. Also in 2004, about 240,000 adults and children were newly infected with HIV; this figure included 6,800 children under 15.

Also, 95,000 adults and children died of AIDS within that year; about 6,000 of those casualties were children under the age of 15 (UNAIDS, 2005; see Figure 2).

Figure 2. Regional HIV/AIDS statistics and figures, end of 2004

	Number of adults and children living with HIV	Number of children living with HIV	Number of adults and children newly infected with HIV	Number of children newly infected with HIV	Number of adult and child deaths due to AIDS	Number of child deaths due to AIDS
Sub-Saharan Africa	25.4 million	1.9 million	3.1 million	560,000	2.3 million	450,000
Latin America	1.7 million	26,000	240,000	6,800	95,000	6,000
Caribbean	440,000	23,000	53,000	6,100	36,000	5,300
North Africa and Middle East	540,000	24,000	92,000	100	28,000	5,600
South and Southeast Asia	7.1 million	170,000	890,000	51,000	490,000	37,000
East Asia	1.1 million	9,400	290,000	4,100	51,000	2,400
Eastern Europe and Central Asia	1.4 million	8,800	210,000	1,800	60,000	1,100
Western and Central Europe	610,000	6,200	21,000	100	6,500	100
North America	1.0 million	11,000	44,000	100	16,000	100
Oceania	35,000	700	5,000	300	700	200
TOTAL	39.4 million	2.2 million	4.9 million	640,000	3.1 million	510,000

Source: UNAIDS and WHO, 2005

Although Honduras has only 17% of the population of Central America, it has the highest rate of AIDS (around 60% of all AIDS cases) in the region (Avis, 2005; Clinton, 2006; Montana de Luz, 2006). As of 2004, an estimated 63,000 adults and children are living with HIV in Honduras. About 70% of these are young people (UNFPA, 2004). Further estimates show that for every HIV/AIDS case recorded, there are at least three undocumented cases, approaching about 100,000 infected people in this country (Clinton, 2006). Indeed, HIV has acquired a varied but firm presence in Honduras. Research shows that the virus is transmitted heterosexually, for which equal numbers of men and women are infected. Unprotected sex is a major contributing factor to the spread of HIV—a reality that youth leaders and health care professionals in Honduras, whom I spoke with, attest to.

The Consequences of the HIV/AIDS Crisis for Women

That said, the HIV infection rate among women is rising faster than that among men—which is consistent with global trends confirming that women account for nearly half of all people living with AIDS worldwide (Global Health Council, 2005). As far back as 1999, median HIV infection levels among pregnant women ranged from 3% in urban areas to 4% in some rural areas (UNAIDS and WHO, 2005). These figures are

significantly higher than the estimated national HIV adult prevalence of just under 2%, thus indicating a relatively mature epidemic, with HIV circulating in the wider population. The greater vulnerability of women to the HIV/AIDS crisis is evident in the fact that AIDS has become the leading cause of death among women of childbearing age in Honduras, aside from the second-biggest cause of hospitalization and death overall nationwide (UNAIDS and WHO, 2006; UNFPA, 2004).

Poverty, lack of education and unequal power relations between men and women are all factors that make Honduran women particularly vulnerable to HIV infection (UNFPA, 2004). Women in Honduras, like their counterparts around the world, tend to have fewer economic options. They are more vulnerable to engaging in transactional sex to pay for food, school fees, and other economic necessities, and contract HIV that way. Indeed, research shows that women sex workers in Honduras have a median HIV prevalence rate of 8% to 13% (Global Health Council, 2005; UNAIDS and WHO, 2005).

Furthermore, women in Honduras, like their counterparts in highly patriarchal societies, are vulnerable to coercive or forced sex and often unable to negotiate condom use. Also, many women, particularly married women, cannot control the circumstances in which sex takes place. Women are especially unable to negotiate sex or condom use with a husband who may have extramarital partners. In fact, married women are at a greater risk for HIV, as compared to unmarried women, because they are more frequently exposed to intercourse within marriage

Women affected by HIV/AIDS become even more vulnerable to poverty, in that they lose the ability to provide for themselves and their children. Also, as AIDS takes its toll on families and communities, the burden of caring for ill family members often falls on women and girls. Coupled with pervasive stigma and the collapse of traditional family and support systems, HIV/AIDS is undermining the status of women in Honduras, as well as other parts of the world (Clinton, 2006; Global Health Council, 2005; UNAIDS and WHO, 2005; UNFPA, 2004).

Children: The Hidden Victims of the HIV/AIDS Crisis

UNICEF (2005) asserts that children affected by the disease are the “missing face” of HIV/AIDS, and with good reason. These children are not only invisible in global and national policy discussions on HIV/AIDS. They also lack access to basic care and prevention services. Moreover, as AIDS takes its toll on communities and families, millions of children are missing parents, families, siblings, schooling, health care, basic protection, and other necessities due them (UNICEF and UNAIDS, 2005).

The multiple ways in which children’s lives are negatively affected by the HIV/AIDS pandemic cannot be taken lightly. Firstly, children may become infected with HIV themselves and die of an AIDS-related illness. After all, HIV-positive women may transmit the virus to their children during pregnancy, in childbirth, or through breastfeeding (Global Health Council, 2005). Sexual abuse is also an underestimated but very real mode of transmitting HIV infection among children (WHO, 2000). Secondly,

children are likely to be orphaned by AIDS. Also, their living with family members who are infected with HIV/AIDS may give them additional and unnecessary responsibilities, such as being the primary wage earners and caregivers within their households, and put them at risk for being stigmatized and discriminated against for having family members with HIV/AIDS. Thirdly, as AIDS takes its toll in their communities, children miss out on such essential services as education, health care and prevention services, as they lose not only friends or peers but also teachers, doctors, and nurses to the virus (Berry, 2006).

Children in Honduras are not above these realities. In particular, the children at the orphanage where I did volunteer at represent only a fraction of the cases of children whose lives have been adversely impacted by the HIV/AIDS crisis.

Montana de Luz: Serving Children with HIV/AIDS in Honduras

Montana de Luz, a non-profit organization sponsored by Catholic and Protestant denominations and secular organization alike, seeks to meet the needs of children with HIV/AIDS in Honduras. It is a home for up to 40 children. Montana de Luz provides the children with a loving, family-like environment, nutritious food, clean water, and proper medical care. Various programs meet the children's educational, social, emotional, and spiritual needs.

All the children at Montana de Luz are HIV-positive. Having been abandoned by their families or referred to the orphanage temporarily, they will live out their childhoods at the orphanage. Some of them may even die there. However, the aim of this organization is that these children will know that they are not alone in the struggle to live with dignity and hope despite their illness; if they die, at least they die with dignity and the knowledge that they are loved (Montana de Luz, 2006).

The organization originally started as a hospice. To its credit, Montana de Luz decided to procure anti-retroviral therapy for the children in 2001, in order to contain the HIV virus and prevent it from turning into full-blown AIDS. The Ministry of Health of Honduras later took the children under its wing and paid for the costs of the anti-retroviral medication. This move has helped prolong the lives of most of the children.

Besides its programs for children with HIV/AIDS, Montana de Luz is also involved in community outreach. The organization participates in education sessions and helps raise awareness about HIV/AIDS in Honduras.

AIDS Ministry for Children: Some Implications

Serving children with HIV/AIDS in Honduras presents unique service needs, as well as implications for providing a continuum of care. These include such components as: 1) preventing mother-to-child transmission; 2) providing adequate pediatric treatment for HIV-positive children in needs of AIDS treatment, particularly anti-retroviral therapy; 3) preventing HIV infections among adolescents and young people; and 4) protecting and supporting children affected by the AIDS crisis.

In addition, there remains the need to raise awareness about the disease among the general public. As it is, the issue of AIDS is met with silence, shame, and denial in Honduras (Clinton, 2005). Talking about AIDS, or even sexual activity, is a taboo in Honduran society. This accounts for the tendency to recognize AIDS and its ramifications very late. People's widespread denial of the AIDS crisis, as well as the beliefs of certain individuals—particularly youth—about their invincibility, does not help the situation. All these issues need to be addressed and resolved.

Building coalitions between non-profits, the ministries of health and education, the private sector, and communities, in addition to securing increased funding, is also an essential step in investing in the prevention and treatment of HIV/AIDS. As non-profit practitioners put it: "The choice is stark and simple: Invest now, or pay a lot more later" (Clinton, 2006).

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