

**Report on the
National Youth Forum on “Adolescents Right to
Protection against HIV/AIDS**

**Organized by Save the Children and UNICEF Pakistan in
Islamabad (15-17 November 2002) and Karachi (22-24 November
2002)**

By Shafqat Munir

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Introduction

Realizing the fact that the young people are at the center of the global HIV/AIDS epidemic, UNICEF's Regional Office South Asia (ROSA) proposed a South Asia Forum for Young People as part of preparations for the Regional High Level Meeting of Heads of State, Parliamentarians and Policy makers on Broadening the response against HIV/AIDS. This forum would be held in Kathmandu during December 15-18 2002 in which 38 young people from South Asia would participate. Four young people (two girls and two boys) would represent the children of Pakistan at this forum.

UNICEF ROSA in partnership with Save the Children Alliance (SCA) would provide platform to these young people from South Asia to express themselves freely and participate in decision-making processes of matters affecting them. The SCA's experience in child participation and participatory selection processes with children would complement this platform on issues related to children and adolescents' health and development, particularly HIV/AIDS prevention and care.

Besides other purposes, the four-day Kathmandu Youth Forum would provide an opportunity to the young participants to prepare a plan of action ensuring their full role at different levels. These levels include: Mobilization of media and policy makers, promotion of young people's rights to education for all, participation in all processes that affect them, access to supportive services and environment and having interaction with other youth to share with them vital information on youth's health and life skills. This Plan would then be presented to the South Asian leaders seeking their commitment and support to ensure their right to protection against HIV/AIDS.

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To prepare the young participants from across South Asia to chalk out this plan and other networking activities, similar forums have been organized at national level in all the South Asian countries. Such national level Youth Forums on “Adolescents Right to Protection against HIV/AIDS” aimed at capacity building of potential youth people on HIV/AIDS and electing their representatives to participate in Kathmandu forum. The national level forum provided the young adolescents to formulate their country strategy and suggestions to be shared at the Kathmandu forum.

The task of supporting the country level preparations and the working procedures in Afghanistan, Bhutan, India and Maldives was given to the UNICEF and for the remaining four countries Bangladesh, Nepal, Pakistan and Sri Lanka, the job was assigned to the Save the Children Alliance.

In Pakistan, the Save the Children Alliance in active collaboration with the UNICEF organized National Youth Forum in two cities Islamabad covering the provinces of Punjab and NWFP, Azad Jammu and Kashmir and Northern Areas of Pakistan and Karachi covering Balochistan and Sindh provinces.

National Working Group

Following in the footsteps of the concept paper and terms of reference jointly prepared by the UNICEF ROSA and the SCA, a national level working group was formed in which two child representatives, civil society, the SCA, media, government of Pakistan and UN agencies were represented. The first meeting of the Working Group was held on October 30, 2002 in which following members were present. Laura Fragiacommo of the UNICEF Pakistan and Jawad Haroon of Save the Children UK facilitated.

Participants

- | | | |
|-----|-----------------------|---|
| 1. | Emmen Saeed, | Youth Representative |
| 2. | Usman Ali Butt | Youth Representative, AMAL |
| 3. | Dr. Tamur Mueenuddin | Save the Children US |
| 4. | Mohammad Hassan Mangi | National Commission on Child Welfare & Development (NCCWD), Govt. |
| 5. | Raja Khalid Mahmood | Pak NGO’s AIDS Consortium |
| 6. | Mannan Rana | UNICEF |
| 7. | Asad Sumbol | Follow Up Unit, NCCWD |
| 8. | Samina Sardar | Save the Children UK |
| 9. | Shafqat Munir | Journalists for Democracy & Human Rights |
| 10. | Abid Atiq | UNAIDS |
| 11. | Qamar Siddiqui | National AIDS Control Programme |
| 12. | Laura Fragiacommo | UNICEF |
| 13. | Syed Mahmood Asghar | Save the Children Sweden |
| 14. | Jawad Haroon | Save the Children UK |

Followed by a formal briefing regarding the concept paper and draft ideas about the National Youth Forum by Jawad and Laura, the Working Group had an indepth discussion on different issue. The Group discussed the would-be process and decided some modalities. As result of this fruitful discussion and concerns expressed by certain members on the participation and representation from across the country, the Group decided to hold two sessions of the

National Youth Forum in Islamabad and Karachi to cover all the four provinces, Azad Kashmir and Northern Areas.

The Group decided to invite participants from different NGOs working on HIV/AIDS. Initially, it was agreed to invite total 60 participants (30 boys and 30 girls) in two forums (30 in each forum with gender balance). Some partner NGOs were identified and room for some others was left so that they could be included after having communication with them. The Working Group also approved the draft module for the forum.

The Working Group again met on November 02, 2002 to give final touches to the full working plan for the two forums. The Group finalized the preparations, finalized the name of the partner organizations and resource persons along with module for three-days forums.

Three-day National Youth Forum (Islamabad/Karachi)

The Working Group decided that the first three-day Forum would be held during November 15-17 2002 in Islamabad and the second Forum would be held during November 22-24 2002 in Karachi. The first day of each forum was of introductory nature and was brief in duration. On the first day, participants were welcomed and introduced to each other and with the facilitators. They were brief about the objective of the forum. They were told that during the next two days they would be discussing the issue of HIV/AIDS and would elect two (one boy and one girl) representatives from among themselves at each forum to send them to represent them at the Kathmandu forum to be held during December 15-18 2002.

On the first day of each forum, the participants got basic information regarding their participation, accommodation, interaction with each other and similar other issues. The young participants made certain rules to be applied to them and the elder including all facilitators, chaperones and resource persons and other relevant persons. The participants were told that though Pakistan is a low HIV/AIDS prevalent country but there is a high risk for its spread. So, we should give it a serious thought to educate our youth to prepare them to protect against this deadly disease.

The next two days were really operative during which the young participants were given chance to interact with experts from the Ministry of Health, specially National and Provincial AIDS Control Programmes, UN agencies, NGOs, Media, and Government. During these two days, capacity of the young participants on HIV/AIDS was built and they were given chance to learn how to participate and communicate in such forums. They were trained by their participations to prepare for the Kathmandu forum. The participants gained knowledge on HIV/AIDS and how to contribute towards prevention and care. The young participants were given chance to elect their four representatives and formulate their recommendations to be shared at the Kathmandu process. The synthesis and analysis of the proceedings of the two forums is given on the following pages.

Selection criteria of adolescents to participate in the forum

The partner NGOs were asked to select potential youth for the national forum. The names of the participants came from different NGOs working in different parts of the country on HIV/AIDS. When asked how they were selected for the forum, some of the participants said their respective organizations gathered adolescents/children and asked them to vote for those who could better represent them at the National Youth Forum on HIV/AIDS. The numbers of

the participants of such NGOs level meetings ranges from 20-200 depending upon the local conditions and paucity of time. Some participants said after election or consultative process, the elders at the NGOs interviewed the potential representatives of the youth to see their suitability to represent at the national forum.

Some of the participants reported that they were selected because they were adjudged that they could speak and express better. Some of the participants said that some NGOs approached the schools for potential participants and hence first they were selected at school level and later were short-listed/selected by the partner NGOs. The teachers extended help to select certain youth on the basis of their knowledge and performance. Some working youth (like motor mechanic) and a street child also participated in the forums. They were sent by NGOs working with these communities.

Group Discussion on HIV/AIDS (Boys and girls in separate groups)

Since selection of the participants of both Islamabad and Karachi forums were made by NGOs working on HIV/AIDS control, the participants have some idea about the issue. Most of the participants were adolescents and enthusiastic, they were eager to express themselves during proceedings of the forum. This feeling generated good discussion before, during and after formal interactive presentations and all participatory practices. The participants, the young people raised a number of serious issues and questions. The discussions took place at groups or plenary levels.

At Islamabad forum, a joint group discussion among boys and girls on vulnerability of the youth, their health and sex related concerns was held. But at Karachi forum, boys and girls were separated into two groups to discuss their issues. This experience brought more bold and candid discussion as compared to Islamabad discussion as girls and boys discussed their issues, which they normally do not discuss in a joint meeting.

The boys group discussed the spread of HIV/AIDS in truck drivers and about the risk behaviours. Some boys raised questions regarding use of condoms and how could they prevent from sexually transmitted diseases. They also asked about whether women could also use condoms. They were told that they could. But this is not easily available or used in Pakistan as the male condoms were. However, it was told the group that condoms could provide a safeguard against transmission of HIV/AIDS. It was described how male and female condoms are used and properly placed over genitals. Some adolescent boys did speak about masturbation practices among young people. They were told that the myths attached to masturbation that they have any harmful effects mentally or physically were wrong.

During general discussion, the girls group listed vulnerable or risk groups who could be affected by HIV/AIDS infection. They identified that those who do not have awareness and information on HIV/AIDS and they do adopt risk behaviours could get infection. Truck drivers and frequent travelers were also identified as the vulnerable people. Both male and female commercial sex workers and small and massage boys and *Chhotas* (boys) working in workshops and hotels are also high-risk people. Industrial workers and their bosses could be among risk people. Expatriate and migrant workers and prisoners, army and police personnel were also identified as the vulnerable groups. Homosexual behaviour and male-to-male sex also came under discussion and were categorized as a risk group in terms of HIV/AIDS. The I/V drug addicts and common syringe users were also marked as vulnerable.

The girls group particularly discussed how young girls are vulnerable in terms of sexual abuse and thus their chance to get infected from the male having HIV/AIDS virus were considered high. They were of the view that lack of awareness is one of the causes of girls' vulnerability. They identified those girls or women who work as housemaids (*Massis*) as a vulnerable group. The girls group was of the view that poverty is the cause of prostitution, trafficking of women, sale of girls, and sexual abuse of minor girls. There is a tendency among those who were HIV/AIDS positive that they hide this from others.

The participants intervened frankly and repeatedly during presentations of the resource persons saying print media had certain message clear in text and ideas but electronic media message have not been clear and categorical in terms of telling what unsafe sexual practices were. They suggested making messages on HIV/AIDS clear on media.

They were told that the government's media policy is not so clear and categorical on HIV/AIDS issue due to social, cultural and religious limitations that is why they use certain symbolic messages regarding spread of HIV/AIDS. The "condom or safe sex" related words to give clear messages to the people could not be used on state run electronic media. Some of the young participants viewed that we should not avoid full information because HIV/AIDS is spread mostly because of sexual contacts.

Participating youth's suggestions

A large number of participants, the young adolescents gave very useful suggestions to deal with the HIV/AIDS situation with a view to control this disease from spreading in this country. Some of their structured suggestions are below:

- Poverty alleviation first
- Health sessions for students
- Awareness be increased with involvement of children
- Teachers and parents be educated; Workshops for parents and teachers
- Social taboos should be eliminated
- Establish peer groups in different stakeholders
- Parents could better tell children.
- Different strategies for different groups
- Mechanics and head of auto and other workshops also be educated
- Media be involved for wider dissemination of HIV/AIDS information
- Special classes at school/colleges on HIV/AIDS
- World Aid Day should be widely celebrated
- Schools should also observe world AIDS Day.
- Schools, colleges, workplaces should first be targeted
- Campaign is going slow, should be accelerated
- More organizations should work and government should co-operate.

Case Studies in Groups and lessons learnt

Four case studies were given to children in four groups to brainstorming and then raising questions and seeking answers from among themselves. All the four case studies narrate stories of four HIV/AIDS patients and agonies of their families they had to face due to social stigma and unfounded myths attached to HIV/AIDS. In all the case studies with different reasons and situation, the causes of HIV/AIDS and misconceptions attached to HIV/AIDS

were described and the participants were asked as how they would react to the HIV/AIDS positive people and their families particularly their children.

After going through the case studies, all the groups raised a number of questions regarding victims and their families and their wrong decisions, which they had done, in ignorance about the disease. A couple of characters in the case studies divorced their spouses obviously as a result of immense pressure on them after being declared HIV positive. The groups discussed both options of divorce or not to divorce in case, one partner gets HIV positive. Their decision was considered right in terms of fear of transmission of disease to children to be born out of this wedlock. Their decision was considered wrong as the couples could have reconciled with the situation and would have had safe sex and not to have children. In this way, they could have had a normal family life but without children.

The groups also discussed why the HIV/AIDS positive people go into deep stigma and hence are felt dejected. They concluded that first of all since spouses leave other partners in this critical time and get divorce, they fear that they would be branded as bad persons in terms of character as certain wrong myths are attached to the HIV/AIDS related stigma.

The groups identified poverty, lack of knowledge, homeliness, bad company and risk behaviours as the main causes of HIV/AIDS to the characters in the case studies. They also discussed which rights of the HIV/AIDS positive people were violated when their HIV/AIDS status was declared. The groups also visualized the plight of the family, particularly children of the HIV/AIDS positive people. The groups felt that due to lack of knowledge about the disease, the society did not behave with them with care and love. In most of the cases, HIV/AIDS patients are left isolated or forced to quit their social life and wait to die. This attitude leads them to an early death. The groups suggested putting an end to this stigma and discrimination of the HIV/AIDS patients to bring them back on their normal life.

The groups suggested that the parents should fulfill their responsibilities regarding protection of the rights of the children and adolescents. Teachers should have friendly behaviours with students and society should ensure basic rights of children/adolescent including the right to information and health education.

After going through the case studies, the groups further suggested to create awareness and spread information regarding HIV/AIDS to avoid such a situation. The awareness programmes suggested include: workshops, walks and seminars to inform people regarding spread of HIV/AIDS. The HIV/AIDS related information should be made part of curriculum of children. Media should play its role. Films featuring difficulties relating to HIV/AIDS should be made and posters, books and other information material should be published. Poets and singers should play their role to spread the information about HIV/AIDS. Private sector, NGOs, hospitals, certain organizations could better inform general public about the HIV/AIDS. These institutions could encourage HIV/AIDS patients in leading a comfortable life thus promoting sense of participation among HIV/AIDS patients. In this way, the HIV/AIDS patients could be involved in social life. They should be provided maximum chances to have a public life with more and more socialization.

Factors increase vulnerability of young people as identified by the youth

The participants of the two forums in groups discussed the factors that increase vulnerability of the young people and identified as:

- Poverty
- Pornography on Internet
- Sex trade in Afghan refugee camps
- Single migrant workers
- Reuse of syringes/non-disposable syringes
- Instruments used in the jewelers' shops
- Drugs addiction
- Lack of education/awareness
- Use of unscreened blood
- Street children
- Child abuse at video game clubs/hotels/cinemas/cyber clubs
- Beggar girls/boys
- Domestic servants
- Re-use of blades/razors at barber's shop
- Boys/girls schools/colleges hostels/ youth hostels, etc
- Bad company
- Ignorance of parents
- Bad impacts of media
- Sexual abuse/violence
- Love affairs
- Lack of information/knowledge
- Re-use of needles/syringes
- Unsafe sexual intercourse
- Intravenous drugs use
- Blood transfusion
- Blood products
- Child labour
- Away from family
- Instrument of piercing of ear, nose
- Bad impacts of unsafe sexual activity
- Surgical instrument

Recommendations after group work

The young participants at the two forums were divided into groups to discuss the roles of adolescents/youth, civil society (NGOs, INGOs, donors), government and media. They formulated the following recommendations for the relevant categories they discussed during group work.

Groups on role of adolescents/youth

The youth could organize workshops and meetings to play their due role to spread information on HIV/AIDS. The youth could first discuss the issue of HIV/AIDS with schools heads, Sardars, and other notables of the area to take them into confidence before spreading it to the people in general and youth in special.

The youth advocating for control on HIV/AIDS should be polite in dealing with the people. They should be tolerant enough to convey their messages. Like Bangladesh's ETV, a special

TV channel should air the programmes on the issues of adolescents and the youth so that they could be provided with update information on HIV/AIDS.

The HIV positive people should be encouraged to share their stories of getting into the disease with adolescents and the youth through media or inter personal communication so that the people could be sympathetic towards them. The youth/adolescents should unite themselves at locality (mohallah) level and should form peer groups to further discuss and disseminate information on HIV/AIDS.

The NGOs could better involve the youth/adolescent in their activities or could support them for their own activities. They should be given funds as well. The youth/adolescents could make those government and non-government institutions accountable that are not working according to their respective mandates.

Students could play volunteers' role with NGOs and other civil society groups in their awareness and fund raising campaigns. Co-ordination at school level could be increased. Volunteer theatre groups could be involved at school level to increase awareness about HIV/AIDS. Youth can establish a web site to share information, interact with each other and coordinate activities. They can inform other people in neighbour on HIV/AIDS

Newsletter/magazine publishing by the youth could help raise some funds for further interventions and activities. Youth can do advocacy with government, private sector and NGOs. Youth have already been taking part in seminars, workshops and other activities. Some are doing internship with certain NGOs. Youth can become members of different groups to spread further information. Social work, peer education and scouting can help share information. Youth can use theatre as tool to spread information regarding HIV/AIDS in certain localities.

Groups on role of civil society (NGOs, INGOs, donors)

The NGOs administration should be literate so that they could seek more and more information on HIV/AIDS to further disseminate that information among the stakeholders and general public. The NGOs in their respective development areas should open up a debate on HIV/AIDS and should approach to those segments of the locality that consider this subject as taboo for themselves and their children. The NGOs should organize awareness workshops on HIV/AIDS at school level

The NGOs should form peer groups of children and then provide them information on HIV/AIDS so that they could spread this information among other people, particularly their peer groups including children working at hotels, shops, workshops and other public places or in the streets. The senior and elder instructors (Ustad, chief mechanic) at workshops must be sensitized on HIV/AIDS so that they could not dare to sexually abuse the children working at their workshops and they could safe themselves from prostitutes. The NGOs should join hands in the efforts to root out the high risk of HIV/AIDS from Pakistan. The NGOs should inform parents about the HIV/AIDS so that their children could be protected against any such accidental transmission. The NGOs should set up free medical dispensaries in the localities where clinic and hospitals are not working. They should also discourage the trend of re-use of the already used syringes so that chance to HIV transmission could be curtailed.

The CBO can make people aware about AIDS. NGOs could tell about the rights of the youth. The Problems of HIV/AIDS positive should be given care and they should not be left isolated. NGOs should have interaction with media. NGOs can motivate media. NGO/CBOs should share their experiences. NGOs should support CBOs working at local level by building their capacity. NGOs should organize seminars/workshops to create awareness on HIV/AIDS related issues. Awareness workshops should be held at grass roots level.

The corporate sector should help the NGOs in promotion of information on HIV/AIDS. Anwar Maqsood's campaign for children is one such example. INGOs should put HIV/AIDS on their agenda as top priority area. INGOs should help resolve issues in collaboration with NGOs/CBOs and provide financial help to them to carry out their activities. INGOs should include rural and far-flung areas in their work plans.

The INGOs should provide sufficient resources of welfare of children. The INGOs should build capacity of local NGOs so that they could streamline their working. The INGOs should exploit media formats to further disseminate information on HIV/AIDS so that the people could get maximum information and awareness on the subject. The INGOs should extend financial, other moral and material support to HIV/AIDS patients so that they could live honourable life.

The INGOs should ensure that they continue interaction with those children whom they train under capacity building programme. They should be encouraged so that they could work nicely with these organizations. The INGOs should provide intellectual support to those children who are imparted training on HIV/AIDS related issue so that they could further disseminate that information in their peer groups. The INGOs should provide chance to children to work with them in HIV/AIDS

Donors should help under-developed countries as they have less resources and information on HIV/AIDS. World Bank and other donors should give maximum funding to poor countries. Donors should extend financial support to the developing countries. Joint ventures of donors, government and NGOs could bring about a change as the governments/NGOs face shortage of resources.

Groups on role of government

The government should extend administrative and economic support to NGOs/CBOs working for the right of children at grass roots level. There should be a firm political will at higher government level to control HIV/AIDS. The government should review its existing policies that affect the life of children or that relate to children. There should be continuity and consistency in the implementation process of the projects and programmes that successive governments launch for the welfare of children

The government should involve children in the decision making process as stakeholders. The decision for children should be pro children and should be done by the children for the children. The government should set up youth/adolescents/children specific information centers where information relating to HIV/AIDS is provided. They should be given health related information and counseling by certain experts. At these centers, information regarding child rights should also be disseminated. Such qualified and expert doctors should be appointed at hospitals that have update knowledge and expertise to deal with the HIV/AIDS related cases. The doctors should be imparted specific training on HIV/AIDS

The government should make a vibrant media policy. Drama, movie should not only give entertainment but should also give information on HIV/AIDS. Children welfare fund should be established. The government should set up and manage HIV/AIDS information clubs/centers where children should be given information on HIV/AIDS, prevention and control. Capacity of teachers should be build by imparting them training so that they could provide update information to students on HIV/AIDS.

Shelter homes should be set up for street and homeless children. The children and staff in prisons and orphanage centers should be imparted training on HIV/AIDS related issues. Information on HIV/AIDS should be provided to the inhabitant children of prisons and orphanages during special meetings. Youth/children should be provided a friendly atmosphere in which they live, study and work with confidence.

Children/youth should be involved in decision making and policymaking process regarding youth/children and their point of view and opinions should be given preference while making plans of action. The government should extend all out support to those NGOs/CBOs working with children/adolescents on HIV/AIDS and other areas

On a question whether youth are high-risk group in terms of HIV/AIDS, the group nodded in yes and said "youth are the high-risk group".

Groups on the Role of Media

In the print media, newspapers should spread awareness on HIV/AIDS. Children/youth/adolescents should be encouraged to write on HIV/AIDS. There should be a special edition for children in the newspapers that should highlight real issues of children and not serve just as a story/jokes telling page as is the current practice at the children's pages. Publicity signboards and poster to raise public awareness on the HIV/AIDS should be displayed at all prominent places in the country. Electronic media should produce programmes on HIV/AIDS to increase awareness. Website spreading HIV/AIDS related information should be promoted in children and they should be given a chance to give their inputs through this website. Media celebrities should join special campaigns for awareness raising on HIV/AIDS

There should be children specific and children produced and directed programmes on the electronic media so that they could better present their issues and thoughts with their own skills. There should be child writers, artists and anchorpersons and discussants on the television and radio. Movies should highlight the issue of high risk factors of the HIV/AIDS and the movies that detract the children should not be made. FM-100 and FM-101 and other radio channels should air information on HIV/AIDS for the truck drivers. World AIDS Day programmes on media should provide maximum information to children Our local music channels (both radio and television) should present such theme songs which sensitize people on HIV/AIDS.

Youth should be invited to take part in discussion programmes on media so that they can express their views. Television programmes should focus rights of youth. The youth's voice should be conveyed to parents, elders and the policy makers. There should be a separate TV channel for the Youth. When films take up issues openly, why not TV gives information on issues like HIV/AIDS. TV should not hide information on HIV/AIDS related sexual behaviours. The government should help develop such websites that could provide true

information to the people particularly the youth on HIV/AIDS. There should be chatting room on HIV/AIDS where from the youth could get useful information and share their knowledge on HIV/AIDS. Pornography and sex related chatting facilities on the web should be banned.

Election Process

At the end of the forums elections were held to elect two each representatives from Islamabad and Karachi forum. Almost everybody present was given a chance to contest the elections. However, some of the participants owing to their personal reasons did not contest. From those who contested the elections, Omar and Samita were elected from Islamabad forum while Salman and Sonia were elected from Karachi forum. However, Omar and Sonia could not make it so their runners up Usman and Raheela were selected to represent at the Kathmandu forum. Now a delegation of four youth from Pakistan including Usman, Samita, Salman and Raheela would represent Pakistan at the South Asia Regional Youth Forum on HIV/AIDS in Kathmandu during December 15-18 2002.

**National Youth Forum on HIV/AIDS
Adolescent's right to protection against HIV/AIDS
Save the Children Alliance and UNICEF Pakistan
November 16, 2002 Islamabad**

At the very outset of the Forum Samina Sardar briefed about the proceeding of the day and also have a recap of the previous day (November 15, 2002). A group of three youth was elected for the recap of next day (17.11.2002). They were asked to take notes for the proceedings of Saturday.

Selection criteria of adolescents to participate in the forum:

The participants were asked how they were selected to participate in this forum. Some of the participants briefed how their respective NGOs selected them for the forum.

- A boy : We collected children and got vote. As many as 22 children/adolescents voted for me to participate in this forum.
- A girl : Around 200 children elected me to represent here in this session. Elders of the NGOs later interviewed me. Initially five children were selected but later through the interview process I was finally selected to represent in Islamabad forum.
- A girl : We were selected because we were adjudged that we could speak and express better. The participating children voted.
- A girl : Our organization selected me to represent.
- A boy : Dost Foundation's members selected me. First we were selected at the school level and then the elders finalized our participation.
- A boy : I am member of an NGO and was sent by the organization.
- A boy : Out of 27 children from Saint Mary's school, teachers selected me on the basis of my performance in school activities and extra curricular activities. They declared me the best so I was selected.
- A girl from AJK : I was selected from the school on the basis of my performance.
- A worker boy : I am a motor mechanic. I was selected out of the trained youth by an NGO working on HIV/AIDS in youth

Logo competition

Jawad briefed child/youth participants of the forum regarding the logo competition at regional level. He asked the participant of their needs or what material they require for drawing different logos on HIV/AIDS related message for the competition. The 15 selected children were asked to submit their work by November 17, 2002.

Pre-Forum Knowledge of children about HIV/AIDS

Children were asked to give their view about the extent of the HIV/AIDS in Pakistan. They were asked to give number of the victims of HIV/AIDS both in adults and children (Number what they think about). They were distributed cards and markers to give their views in writing. The results were collected. This was an exercise to understand know how of the participants on the HIV/AIDS.

Following are Different Cards messages based on children views about the ratio/extent of the HIV/AIDS cases in Pakistan:

- 1) 70% Adults 24% Children/Youth
- 2) 75% Adults 25% Children/Youth
- 3) 60% Adults 40% Children/Youth
- 4) 17% Adults 12% Children/Youth
- 5) 30% Adults 1869 HIV/AIDS positive cases are among the age group of 15-24
- 6) 20% 80% Youth/adolescents below 25 years of age. Total estimated cases are 70,000-80,000
- 7) 10% Adults 25% Children/Youth
- 8) 15% Adults 25% Children/Youth
- 9) 30% Adults 40% Children/Youth
- 10) 9000 Adults 800 Children/Youth
- 11) 80,000 people are suffering from AIDS, 35% of them are Children/Youth
- 12) 30% Adults 40 Children/Youth
- 13) 15% Adults 25% Children/Youth
- 14) 1436 Adults 900 Children/Youth
- 15) 1436 Adults 800 Children/Youth
- 16) 1536 Adults 700,000 Children/Youth
- 17) 25% Adults 10% Children/Youth
- 18) 16% Adults 32% Children/Youth
- 19) 2000 people are HIV/AIDS positive and no idea about how many are children among them
- 20) 40% Adults 30% Children/Youth
- 21) 25% Adults 60% Children/Youth
- 22) 45% Adults 50% plus Children/Youth
- 23) 50% Adults 28% Children/Youth

Formal technical presentations by two experts dealing with information on HIV/AIDS and its control

Dr Ayesha Rasheed, MO, National AIDS Control Programme (NACP)

Talking about the HIV/AIDS itself and its situation in Pakistan, Dr Ayesha said that HIV is a virus, which later is transformed into the disease of AIDS. The HIV infection does not mean to have immediate AIDS. It takes 3-9 years to transform into the deadly disease. Though there is no full cure or treatment of AIDS, however its intensity could be reduced by certain care mechanism and with proper monitoring of diet and life style. The AIDS ultimately causes death.

Being the fourth biggest killer disease, AIDS is fast affecting populations across continents and gender. The HIV/AIDS positive people in the world are 40 million, of them, 37.2m are adults. In the year 2001, deaths caused by AIDS were three million, of them one third were the youth. It shows that youth are more vulnerable due to certain reasons attached to the adolescents' feeling and lack of knowledge about the safe sex practices and other causes of spread of the virus.

In Pakistan, the first case was detected in 1987. Currently, 1940 cases have been registered in Pakistan in which 1710 are HIV positive. The majority of the HIV/AIDS positive (83.7%) range between 20-49 years. Many of them got this virus through sexual contact.

Talking about the causes of spread of HIV/AIDS, Dr Ayesha enlisted four basic causes. They are:

- Unprotected sexual contact male-to-male and male to female
- Infected syringes
- Blood transfusion
- Mother to children

Dispelling certain wrong impressions and myths wrongly attached to spread of HIV/AIDS, Dr Ayesha categorically clarified that HIV is not transmitted by hand shake, use of utensils, embracing, working, reading and playing together and not through mosquito biting.

She said there are no visible signs of HIV infection, as the person even after being infected seems to be a healthy and normal person. However, after years when the person loses its body defence mechanism, he or she gets into trouble and enters in the phase of AIDS disease, which ultimately proves to be fatal.

Regarding testing of HIV infection, Dr Ayesha said we have to observe such people who undergo HIV testing in laboratory with a window period that ranges between three weeks to three months. This is not like a routine blood test. It requires a lot of care and testing period to test anti bodies of HIV.

When children intervened and asked how it is made sure even if it is not detected in first three months, Dr Ayesha said it would then take 6-9 month to finally detect the antibodies. There are some sensitive tests of virus. It depends on the presence of antibodies. If anti bodies are not there in the body, we cannot categorically declare the HIV positive or negative. However, there are certain quick and sensitive tests that cost heavily. They are accurate tests and give results in minutes. But actual result detection is possible only based on the formation of anti bodies in the body of an infected person. That is why we focus on this window period, which is the period of production of anti bodies. The lab test can only test presence of virus that is HIV and cannot categorically declare that the person is having AIDS. It is the job of the doctor and not the laboratory to declare the presence of AID

Enlisting signs and symptoms of AIDS, Dr Ayesha said there are so many symptoms that lead to declaration of AIDS. They include:

- Cough and flue for a longer period
- Fever for longer period
- Loss of appetite

On the role of government in combating the disease, she said a Federal committee on AIDS was set up in 1987. Later National AIDS Control Programme (NACP) and five provincial and Azad Jammu and Kashmir AIDS Control Programmes were launched to create public awareness on the deadly disease. A public awareness campaign was launch on national electronic and print media with HIV/AIDS related messages.

Discussion

The participants intervened saying print media had certain message clear in text and ideas but electronic media message have not been clear and categorical in terms of telling what unsafe sexual practices were. They suggested making messages on HIV/AIDS clear on media.

Dr Ayesha said the government's media policy is not so clear and categorical on HIVE/AIDS issue due to social, cultural and religious limitations that is why we used certain symbolic messages regarding spread of HIV/AIDS. We could not use "condom or safe sex" related words to give clear messages to the people. At the moment government is not allowing to give the clear-cut idea about the sexual contacts between male and female. Now the word HIV/AIDS is being used openly.

Dr Farrukh Mahmood, Programme Officer, UNAIDS intervened and said initially we avoided any controversies on media due to cultural and religious conditions. We are taking full advantage of our cultural and other social condition.

- A Girl : We should not avoid full information because HIVE/AIDS is spread mostly because of sexual contacts.
- Dr Farrukh : The enhanced programme, which we are going to launch, would be more useful in future. We will introduce this programme at government hospitals.
- A Girl : You have talked about the government hospital. Their situation is pathetic.
- Dr Ayesha : We cannot force hospitals to change their working style. This is the job of the government and establishment of the hospitals to improve hygienic conditions there. We are doing a lot within our limits and funds available.
- A boy : The instruments used in hospitals are recycled which can transmit the disease, what are you doing about that? Is mosquito a carrier of HIV virus?
- Dr Ayesha : We have given space in our enhanced programmes to train hospital staff to check all these ill practices prevalent due to shortage of funds. The mosquito is not the carrier or transmitter of HIV/AIDS.
- Dr Farrukh : A research has been conducted which proved that mosquito is not the carrier.
- A Girl : Once a patient is declared having AIDS what do you do?
- DR Ayesha : We convince the patients that there is no treatment. However, we suggest them to live a healthy, clean and careful life to reduce the problems associated with the AIDS.
- A girl : Is virus is only in blood?
- DR Ayesha : HIV virus is in all human secretions including sexual organs' secretions, breast feeding, vertical transmission, blood, pregnant mother to her children, etc.

Dr Farrukh Mahmood, Senior Programme Officer, UNAIDS

In his presentation, Dr Farrukh Mahmood talked about global, regional and national situation of the HIV/AIDS. He said estimated numbers of HIV/AIDS positive people in Pakistan are 80,000 and the reported cases are very low as compared to the actual cases. The registered are only 2000. Under reporting is a worldwide phenomenon amid prevalence of risk behaviours.

Tracing the history of AIDS in Pakistan, Dr Farrukh categorized it into three phases. He said in 1980 and early period, the HIV positive people came from Middle East and other countries and hence the disease was called a foreigners disease. In second phase during 1990-95, the HIV positive were also reported from Pakistan along with the people coming from abroad. They got infection from abroad and got their wives infected and then children. Now this phenomenon is growing. In the third phase from 1995 onward, a number of risk groups have been identified. They are female sex workers, injecting drug users, truck drivers, and Male-to-male sex practices. Though Red light areas are there with certain restriction, some posh areas in all the cities also have female sex workers. They are risk groups, which are rapidly spreading the disease.

Talking about vulnerability factors in Pakistan, Dr Farrukh said poverty in general public and child abuse are promoting unsafe sexual practices which ultimately cause HIV/AIDS. As many as 34% people live below the poverty line, with no or minimum civic amenities. This promotes depression among a large population which make them vulnerable to drug injecting habit that leads to HIV infection.

A boy intervened and said he knows about women earning money from sexual practices.

Dr Farrukh said those who are involved in sex with female sex workers and male sex workers are highly vulnerable people. These sex workers are HIV/AIDS carriers. They can easily transmit the virus among others who do sex with them. Another highly vulnerable group is of the young People. There is no information for youth and children on HIV/AIDS. Parents do not tell children and adolescents about HIV/AIDS. Teachers did not know and hence information is not given to the youth at school and college level. Since youth and adolescent age is thrilling in terms of sexual feeling and that is why they are the most vulnerable.

A boy: Teachers and parents themselves do not have information. Children and youth could themselves inform other fellows in peer groups.

Talking on how to control HIV/AIDS, Dr Farrukh said use of condom should be promoted. According to an estimate there are 60,000-70,000 sex workers in the country but they are not aware of importance of the use of condoms as safe sex practice. In this ignorance, they continue to transmit HIV/AIDS among their clients.

Similarly injecting drug users in general and their majority in Lahore, Karachi and other urban trade centers are a high-risk group. They share syringes of drugs. If one carries HIV virus, the others would also get infected. Injecting drug users go to prostitutes and they transfer the virus in them and through them others get this deadly virus. This risk behaviour should have to be taken care of.

A boy: If we use condom, then how could the human generation grow?

Dr. F: This is for those who go to sex workers and not for those who do sex with their life partners, the spouses. To have sex out of marriage necessitates uses of condoms as safe sex practice. Talking about the National AIDS Control Programme (NACP), Dr Farrukh said we

have started the NACP with low profile. There were fewer resources; and cultural and religious and social barriers also hindered the pace of this programme. We plan to give awareness to maximum risk groups and vulnerable people. In our society, fathers and teachers do not tell the youth the real situation and information regarding the HIV/AIDS.

A boy said in a book of grade ninth, HIV/AIDS has been included.

A girl: Though information about HIV/AIDS and human body are in the books, but our teachers do not teach about such information rather advise us to read these information themselves from the book. When male staff is asked about sexual health issues, they take it with sexual connotation and female teachers snub the girls on such questions.

Dr. Farrukh said first of all we should have to educate teachers and parents and then they would not hesitate to further educate the youth. We plan to gradually enhance the capacity of teachers, parents and media to go further to give more and more information to the youth regarding sexual health and HIV related issues. We have progressed a lot and are moving ahead. We have also devised a strategy to involve parliamentarians, religious leaders and other stakeholders. We want to progress fast but we have to face problems due to limitations. He appreciates the spirit of the youth who are raising their concerns.

The participants given their views after listening to the two presentations, they summarized how HIV/AIDS is transmitted. Blood transfusion, from mother to children, sexual contacts. Injecting syringe, piercing needles without sterilization. New blades and needles and syringes should be used to avoid AIDS.

Then, the views given by the participants were matched with what was given by the two experts. Some youth gave opinions about reported 2000 and 80000 non-reported cases. This matching exercise showed that some youth participants had an idea of the extent of the HIV/AIDS. Most of the children did not give close figures as narrated by the experts.

Participating youth's suggestions

A large number of participants, the young adolescents gave very useful suggestions to deal with the HIV/AIDS situation with a view to control this disease from spreading in this country. Some of their structured suggestions are below:

- Poverty alleviation first
- Health sessions for students
- Awareness be increased with involvement of children
- Teachers and parents be educated; Workshops for parents and teachers
- Social taboos should be eliminated
- Establish peer groups in different stakeholders
- Parents could better tell children.
- Different strategies for different groups
- Mechanics and head of auto and other workshops also be educated
- Media be involved for wider dissemination of HIV/AIDS information
- Special classes at school/colleges on HIV/AIDS
- World Aid Day should be widely celebrated
- Schools should also observe world AIDS Day.
- Schools, colleges, workplaces should first be targeted
- Campaign is going slow, should be accelerated
- More organizations should work and government should co-operate.

When Nasir Aziz from the Ministry of Youth was introduced, some of the children also gave him the government-specific suggestions. They are: **Youth forums should be held at government level, flow of information should be promoted and Information should be utilized and further disseminated.**

Exercise/Energizer

Mr Mahmood, facilitator, conducted the exercise which sent across the messages on how the HIV/AIDS is transmitted and how it is not transmitted. In this exercise, a HIV positive without telling others touches them and hands shake with them. Later he discloses about his infections. It creates mix feelings. Then the participants were asked about their feeling based on this disclosure.

Mahmood posed a question how would I look like after knowing that I was HIV positive?

Answers : No visible signs of HIV/AIDS would appear. Look like a normal healthy person.

Mahmood : When, after meeting four people and shaking hands with them, I declared that I was HIV positive, then what would have been the feelings of those with whom I had hands shake?

Answer : First, after knowing the facts that the person to whom they had touched was HIV positive, all those who had hands contact with the declared HIV positive would suspect him of having unsafe extra marital sexual contacts and risk behaviours which led him to HIV infection. Social and emotional feelings related to disclosure of information regarding HIV/AIDS cases would also come to the fore.

Case Studies in Groups

Four groups were formed for case studies

Groups Presentations-Case studies: Impacts of HIV/AIDS on children

Case Study (Group-1)

Members: Atif, Ubaid, Farishta, Taseer, Mafia, Uzma

Case study: Abid a Pakistani married a foreigner woman. He got infected with HIV/AIDS. When he and his wife got to know this fact, his wife got divorce and Abid came back to Pakistan with feeling of disgrace and disappointment. He was upset. His friend helped him to come out of this stigma. His friend told him about an incident happened to another person. He told him how he survived with his courageous way of life and how he organized his rest of the life with the killer disease.

After going through this case study, the group raised a number of questions regarding Abid and his wife and their respective decisions:

Does the decision of Abid's wife to seek divorce was right or wrong? The group discussed both options. Their decision was considered right in terms of fear of transmission of disease to children to be born out of this wedlock. The decision was considered wrong as they could

have reconciled with the situation and would have had safe sex and not to have children. In this way, they could have had a normal family life but without children.

Why Abid felt dejected? The group discussed on this question and concluded that first of all his wife left him in this critical time and got divorce and then he knew that he is infected with a killer disease. He feared that he would be adjudged as a bad person in terms of his character as certain wrong myths are attached to the HIV/AIDS related stigma.

Case Study (Group-2)

Members: Marium, Marjan, Imran, Usman Ali, Yaseen Khan, Sajid

Shafqat happens to be a poor kid. His family could not support him for his education and due to financial constraints his family sends him to a workshop of a motor mechanic. So, he lives in a company of elder co-workers and that too away from his parents and the village. His elder co-workers sexually abuse him and he has nobody to listen to him. One day, his father comes to see him and finds him sick. On medical examination, shafqat is declared HIV positive. First, his father does not tell him about the disease. Later he was told about the disease. After going through this case study, the group discussed several questions and found replies as under:

What could be the possible circumstances, which led Shafqat to this disease?

The first and the foremost reason was poverty that forced him to join a working place instead of school and that too in the company of elder co-workers. Secondly, he was living away from his family and the village and that too without care and supervisor of his parents. He was doing child labour and was sexually abused by his bad elder co-workers. Unsafe sexual behaviour with which he has to live virtually pushed him towards the deadly disease.

Which rights of Shafqat were violated?

He was deprived of his basic right to education and right to protection against sexual abuse. He was forced to do child labour in worst circumstance hazardous to his health. He could not get a proper working environment and protection against unsafe sexual behaviours of his elder colleagues. When detected as an HIV positive, he has to face indifferent social attitude.

What should we do to create awareness and spread information regarding HIV/AIDS to avoid such a situation?

We should organise awareness programmes like workshop, walks and seminar to inform people regarding spread of HIV/AIDS. The HIV/AIDS related information should be made part of curriculum of children. Media should play its role. Films featuring difficulties relating to HIV/AIDS should be made and posters, books and other information material should be published. Poets and singers should play their role to spread the information about HIV/AIDS.

Which sort of institutions could be identified to spread information on HIV/AIDS?

Private sector, NGOs, hospitals, certain organizations could better inform general public about the HIV/AIDS. These institutions could encourage HIV/AIDS patients in leading a comfortable life thus promoting sense of participation among HIV/AIDS patients.

How could we make the HIV/AIDS patients the useful citizens?

They should be involved in social life. They should be provided maximum chances to have a public life with more and more socialization.

Recommendations

Parents should fulfill their responsibilities regarding protection of rights of the children. Teachers should have friendly behaviours with students and society should ensure basic rights of children.

Case Study (Group-3)

Members: Omen, Shahbaz, Nasrullah, Nasir, Humeera, Sarmila

This is the story of a farmer Javed Sukku. He used to bring his foodstuff to city market for sale. One day, he met an accident and lost a huge quantity of blood and later was injected blood. This unscreened blood transfusion caused him HIV/AIDS. He and his family had to face a lot of trouble when his disease was made public. He was forced to divorce his wife.

Later the group discussed various options, which could have been taken by Javed. The group on a question agreed that Javed should not have divorced his wife, as it was not a solution rather he should share his rest of the life with his wife with care. In this way, he could not live a routine life. On another question, the group agreed that now Javed should avoid transmitting the disease to other by living a careful life. He should let others know how HIV/AIDS was transmitted into his body. How an accident played havoc with him and how unscreened blood transfusion made his normal life a terrible one.

On a point as to what would be the group's attitude towards children of Javed in school if they would have been their class fellows, the group was of the view that there would be mixed feelings about them. Those who do not know how is HIV/AIDS spread would be distancing themselves from them. Others who know that mixing with them would not harm others, would not change their attitude

Normally his children would be left out in their life. They would be left for hardship, as Javed would not be in a position to earn due to his ailment. Now, it would be difficult for the children to live in the same locality. It would be better for them to shift somewhere else where the people do not know their father's disease.

The group identified certain institutions that could spread information about HIV/AIDS. They are NGOs and Forums giving information and creating awareness regarding HIV/AIDS.

Regarding society's behaviour towards HIV/AIDS positive people and their families, the group was of the view that the HIV patients should not be isolated from social set up. They should be given more jobs and they should not be hated. They should enjoy rights as citizens, they should not be declared as untouchable. They should have been given all changes to live. The unsafe sex related feeling should not be considered as the only reason for HIV/AIDS as there are some other reasons for spread of HIV/IDS. During discussion, it was asked as to what should be the social behaviour when there is a classmate with HIV positive, the group responded that such classmates should be received normally. The participants were told that

we should not give less importance to the issue of transmission of HIV/AIDS due to sexual contact. We should talk about the behaviour regarding the children whose parents were infected by HIV/AIDS.

Case Study (Group-4)

Members: Sameera Jani, Humera, Wilson, Nida, Sharoon, Daniyal

The case study 'Band Gali' was about the family of Mr. Rashid. One day, his father got sick and continued in this condition for a long time. His uncle took him to a hospital. His tests identified the HIV infection. When father of Rashid was declared an HIV positive, the people of the village decided to check this disease from further spread by giving his a lethal injection. The group discussed this case and reached the consensus that whatever reason has led to his ailment, he should not have been given a lethal injection as it was not a solution to this problem. It could have been a negative impact on other HIV positive people. They would not tell people about their disease out of this fear. This would continue more infections due to lack of knowledge and information about HIV/AIDS.

When asked what would be your attitude as Rashid's classmates, the group replied that they should be positive towards him because his father was infected with HIV virus and there is no fault of Rashid. He should be given better educational opportunities as given to other.

The group identified the following impacts on the family of Rashid after his father was declared HIV positive.

- Unemployment
- Education
- Food
- Livelihoods problems
- Psychological problems
- Mental torture
- Physical problems caused due to food shortage and economic reasons.
- Diseases would damage the whole family. P
- Problems with community, Inter-marriages problems of children
- Coming generation would face further problems.

On how could we get information on HIV/AIDS, the group viewed that the Government centers, NGOs and experts should provide information. Citizens should get information and then should further inform others regarding HIV/AIDS. Though there is no treatment for HIV/AIDS, we should inform the people that there are certain vaccines and medicines that comfort the HIV/AIDS patients.

During Q & A session, it was that the village people suggested a lethal injection for father of Rashid, as they thought it would prevent spread of the disease further. Though this assumption was totally wrong. Due to such an attitude we would be plunging the HIV positive into deep fears of being treated the same way as was suggested for Rashid's father. Fear of lethal injection and social isolation could force them to remain in hiding instead of declaring that they are HIV/AIDS positive and thus continue spreading the disease.

A view came from the participants that even if an infected person is dead, their children face so many social barriers in terms of their marriages. Samina Sardar cleared the confusion saying that there would have been two cases. In one case, the children of HIV/AIDS parents

would have been born earlier to their infection. The second case is that their kids would have been born after development of HIV/AIDS in one of them. Both these cases should be taken up separately while discussing further the possibilities of transmission of the disease to next generation.

Role of Civil Society

Members: Imran Rizvi, AMAL and Raja Khalid Mahmood, National AIDS Consortium

Imran Rizvi

Mr Rizvi started his presentation with an interactive exercise to know how many of the participants know about the role of NGOs in combating the HIV/AIDS. Fifty percent of the participants said they have the idea in this regard.

The participants were divided into two groups with one group having knowledge about NGOs role in combating spread of HIV/AIDS and the other with no knowledge about the issue. The first group informed those who do not know about the role of NGOs. This was repeated once moving the participants in two circles in different direction facing different people of the two groups.

A boy : NGOs adopt information spreading processes.

A girl : They conduct workshop and theatre.

A boy : NGOs work with HIV positive patients. Provide them food and work for their children's education.

Then Imran Rizvi in his presentation said the government has signed international agreements to help NGOs in the country to combat the HIV/AIDS. On why NGOs are active in the area of HIV/AIDS, Rizvi said that with this exercise, we have learnt a lesson that normally the people do not like to share information about HIV/AIDS. The information on HIV/AIDS must be given in a way that it should not create any negative feelings rather spread information oriented stuff. NGOs are working at lower to higher level. The government alone cannot deliver on such community level issues while NGOs can work closely with communities. Since HIV/AIDS is a sensitive issue, we cannot openly disseminate information to people through the government channels. The NGOs have the capacity to do that. The governments have signed international agreements to do maximum work through NGOs. Many NGOs are reportedly involved in embezzlement of funds. NGOs take money for their expenses and time, rather they should maximum utilize funds for eradication of HIV/AIDS.

On interventions by the participants, Mr Rizvi asked them to raise their concerns about NGOs' working and their funding utilization before proper quarters. There are good or not so-good NGOs but we need to organize youth more on this issue. HIV/AIDS is a development related issue and we should take it up seriously.

Raja Khalid

The NGOs initially work on self help basis and with the passage of time they get strength and expand their operations and activities in different areas. The Government cannot reach the people across the country. The people themselves tried to organize at local level to sort out their issue locally. They got institutions registered with authorities to serve the cause of their people using local resources.

When first HIV/AIDS case was registered, then the people working in health sector started getting organized to combat this newly growing disease. Several NGOs started work in their areas. In 1999, UNAIDS decided to forge an alliance of all NGOs working on HIV/AIDS to share combined lessons and good practices, pamphlets and booklets. They formed alliances among various organizations at provincial level. We felt strengthened once we felt united and now NGOs had a lot of work in the area of HIV/AIDS. In Punjab, it was declared as Punjab NGOs AIDS consortium. Likewise Sindh, NWFP and Balochistan consortium were formed. All consortiums are sharing their information and coordinating with one another and with the government and UN. Now a National AIDS Consortium has been set up to further consolidate their work. Now we have a strong voice at national level. This would further enhance the working of the NGOs and civil society.

A boy : We have talked about working of the government and NGOs. What has so far been done by NGOs in this regard?

Raja : Various organizations worked with truck drivers and prisoners in jails. NGOs have been creating awareness among drivers. NGOs are working a lot for HIV/AIDS information dissemination. Civil society also works as pressure group. We are lobbying with even doctors. The case of doctors' indifference towards a HIV patient was also discussed. Some NGOs worked to help train para-medical staff. Doctors should have refresher course as they say they did not study anything about HIV/AIDS during their education since it is a new phenomenon.

It is highly regrettable that the information and awareness about HIV/AIDS has not been provided to the masses. We are gradually heading towards more and more information. Civil society can influence government to move faster and forward.

A girl : Still, there is reservation for HIV/AIDS patients. Could there be any change?

Raja : Due to certain social and cultural barriers, we do not speak out openly on such issues. But things are changing and will continue to bring about changes. These issues are being included in textbooks to bring about change in the minds of new generations.

A girl : It is reported that the NGOs doing three-year projects actually start work at the last leg of their programme and do nothing at the initial stage.

Raja : There are several types of NGOs/CBOs. Some are of middle level organization and some are high profile NGOs. Different organizations work in different areas and subjects. NGOs do have to face difficulties while working on HIV/AIDS. Generally girls and women are excluded while talking about the HIV/AIDS. Peer education on this issue is now getting space. The people do not feel comfortable on HIV/AIDS discussion and hardly go for HIV/AIDS testing. NGOs are also face difficulties while dealing with donors.

A girl participant raised an important issue regarding setting up of care centers for HIV/AIDS patients in special wards in hospitals.

Group Work: What factors increase the vulnerability of young people in Pakistan?

Presentations (Chart work)

Group-1

Honesty is the best policy was declared the name of the group.

- Truck drivers. They abuse children with them and go to red light area for sexual activity
- Motor and other Workshops where children are sexually abused by their instructors (Ustads) and senior fellows
- Maulvis- in their hujras (residence attached with the mosques)
- Commercial female sexual workers,
- Homosexuals
- Children, servants
- Children in jails
- Office secretaries
- Beggars
- Street children
- Factory workers

Group-2

This group identified the places where sexual activity takes place.

- Commercial sex workers
- Hira Mandi (Red light area)
- Third sex (She-Male)
- Fruit markets
- Mineral-e-Pakistan's backside area in Lahore
- Prisons (Commercial sex workers/women in jail)
- Nurses in hospitals (some are involved and some are forced to sex)
- Children working on railways stations and hotels.
- Children working at workshops
- Streets kids without shelter
- Children involved in drugs and syringes
- Child born to a woman who was infected by HIV/AIDS
- Abused children
- Students of Government boys' schools
- Girls working in factories as packing and support staff. Their supervisors sexually abuse them
- Housemaids
 - Local women singers (*Miransan*)
 - Students at Madrisa
 - Children living at hostels
 - Internet users

Group-3

The Group bitter reality

Children

- School children who are sent to doctors. Sometimes they reuse the syringes
- Working children because of bad company become vulnerable
- Sexual abuse
- Drug users
- Youth enjoying too much freedom
- Unemployed youth

- Criminal trends
- Prostitution
- Blood selling
- Media and Internet awareness provide more information giving youth early awareness

Street children

- Barbers' blades and equipment
- Piercing of nose and ears
- Bus conductors. Children going with drivers on long trips are vulnerable.
- Most of common syringe users are among drivers and their conductors

What factors do you see in your community that might make young people vulnerable (Cards messages)?

- Drugs users in the vicinity
- Re-birth (agla janam)
- Wrong doings
- Bad atmosphere/company
- Piercing of nose, ears due to reuse of piercing instruments that could have been used for those who had HIV positive
- Drivers, drugs users and HIV positive
- Re-use of syringes that might have been infected with HIV virus
- Prostitutes around us
- Use of unsafe instruments of dental surgeons and operation theatres and piercing instruments of nose and ears
- Intravenous drugs use and re-use of that syringes
- Public toilets on roadside could be a danger
- Infected blood
- Unsafe blood transfusion
- Boy friends could be a danger for girls who do not know about them and their company
- Involvement in sex trade due to poverty
- Sexual activities
- Negative impacts of cable/dish television channels airing sexual material impacting adolescents/youth
- Maulvis (Religious teachers) at home and Madaris (schools) usually have illicit sexual relations with their students. They can be dangerous for spread of HIV/AIDS
- Sexual intercourse
- Bad company
- Injection needles and all other needles, instruments of dentists and barbers
- Relatives having risk behaviours
- During travel, children traveling along drivers
- Sexual abuse by cousins, friends, relatives
- Accidents, loss of blood and then blood transfusion of unscreened blood
- During awareness workshops, we could be of high risk of being misled by certain bad intentioned colleagues.
- Sexual abuse by staff other than teachers at schools for doing some favours to children/youth
- Friends having unsafe sexual intercourse

- Homosexuals in peer groups, barbers' blades, razors and unscreened blood
- Children born from an HIV/AIDS positive mother
- Girls having too much make-up
- Male tutors/teachers sometimes sexually abuse the children/adolescents for favours in exams and schools. It may lead to HIV injection if they are already infected.
- During travel risk of HIV infection increases
- Youth/adolescents/children working at motor and other workshops. They are at risk because of sexual activities and commercial sex there.
- Sexual activity for money and just for enjoyment of adolescence and youthful feelings of sexual nature
- Relations with those women who are fond of having sex
- Factories, workplace where during accidents, blood contacts are possible
- Unsafe first aid instruments in case of accidents while going to school
- Touching of wounds of HIV positive people
- Forced sex/rape/sexual violence by male staff of girl colleges
- When sexual abuse becomes taboo and the children victims of middle families sexually exploited but have no say, then they could be at risk of HIV/AIDS if the perpetrator is HIV positive
- Working girls at different offices and companies getting low salaries are vulnerable at the hands of their bosses or colleagues for more income. They are prone to sexual activity.

**National Youth Forum on HIV/AIDS
Adolescent's right to protection against HIV/AIDS
Save the Children Alliance and UNICEF Pakistan
November 17, 2002 Islamabad**

Recap of November 16's proceedings.
Three participants briefed all about the proceedings.

Logo competition entries were collected

Presentations

Presentation of Shafqat Munir on "Role of Media in promoting right based approach to control HIV/AIDS"

An adolescent in India once told a similar forum: "In order to lead healthy and responsible lives, we need to be knowledgeable – Information is power"

Media being the agent of Information has to perform three basic functions

1. Gathering of Information
2. Processing of Information
3. Dissemination of Information

Three questions are normally raised while discussing the role of media

1. What is the role of media in spreading awareness regarding HIV/AIDS in Pakistan?
2. Is media playing its due role?
3. How media could be made fully active to play its due role

As for as first question is concerned, media is considered to play its role under the following three commitments:

1. Protecting people's right to know
2. Rights based approach that reduces vulnerability
3. Right to Information, Education and Entertainment

When we talk about media's role in protecting the right to know of the people including children, then we have to see different international conventions protecting fundamental rights and freedoms. In this regard articles 12, 13, 14, 15 and 17 of the Convention on the Rights of the Child (CRC). These articles speak about children's right to know and right to dissent and similar other rights.

Article 17 of the CRC says: "State parties recognise the important function performed by mass media and shall ensure the child has access to information and material from a diversity

of national and international sources, especially those aimed at promotion of his or her social, spiritual and moral well being and physical and mental health.”
Under this article media is bound to provide information to adolescents and children so that they can save them from HIV/AIDS.

Similarly if media adopts a rights based approach while highlighting certain issues concerning the mankind, then it could reduce the vulnerability of different communities. Due to unjustified treatment of the people with HIV/AIDS positive people, rights of the HIV/AIDS positive people are violated. In the context of HIV/AIDS, protecting human rights both safeguards human dignity and promotes public health because it help to:

- Get the message on how to avoid infection to most people
- Work with people to encourage them to avoid risky behaviour
- Provide people a supportive environment and health care that will help avoid

Media can help promote and protect the following rights of the HIV/AIDS patients as human rights:

- Non discrimination and equality before the law
- Right to life, right to health, right to liberty and security of persons
- Freedom of Expression, freedom of movement, freedom from inhuman or degrading treatment or punishment
- Right to privacy, marry and found a family, education, work and right to an adequate standard of living

Emmen Saeed and Asad Sumbal

Asad Sumbal

The Convention on the Rights of the Child (CRC) is a basic document, which protects the rights of the children. It took ten years to formulate and finalise the CRC. It protects the children’s human rights including right to name, nationality and registration at birth. There is a difference between welfare and the rights. The rights are mandatory.

A conference was held in New York in 1990 to devise a plan of action to implement the CRC for next ten years. It was further reviewed this year (2002) in New York.

In Asia Pacific, Pakistan was among one of the organisers of this conference. UN Special session on children was held in May 2002. We prepared a report for the session.

An outcome document was prepared to set targets for next decade in this session. Five children from Pakistan including Emmen, Arshila, Jehanzeb, Sadia and Qaiser went to New York for the UN session. Emmen was selected to open children forum. Jehanzeb was selected for reporting writing. Arshela was selected for speech.

Emmen (Children Forum)

The forum was held to formulate and structure children’s views to be expressed at the session. Around 400 children from across the world participated in the forum and formulated their views to be incorporated in the outcome document.

Asad Sumbal

The outcome document “A World Fit for Children” was prepared with new targets. The objectives of the document are as under:

- Put children first: Society should give first priority to children.
- Fighting poverty
- No discrimination: Leave no child behind
- Care for every child
- Education for every child
- Protect children from harm
- Combat HIV/AIDS
- Listen to children and ensure their participation
- Protect earth for children

Plan of action in the document

- Allocations for welfare of children
- National institute building
- Promotion of child rights

Goals/Strategies/Action

- Health
- Education
- Abuse, exploitation and violence
- HIV/AIDS

Malnutrition causes death for million of children.

More than one billion people are deprived of drinking water and two billion have no sanitation facilities.

Infant mortality rate to be reduced by one third of the total.

Drop out rate is very serious around the world. Compulsory and quality free education for all children till 2015.

Protection

- Armed conflicts
- Trafficking
- Child labour
- HIV/AIDS: 13 million children are orphans whose parents died due to AIDS

Goals in HIV/AIDS

- Time bound national targets to be set up. This document re-lists all already set goals in HIV/AIDS control programme.
- Mother to child transmission is to be reduced.
- Rehabilitation and protection of orphan children.

Monitoring and follow up on implementation on the document and plan of action.

- National Plans of Actions at federal and provincial levels are being made to ensure implementation.
- NPA would take inputs from all level consultations.

Q & A

A girl : Governments only make plans that remain unimplemented with no practical work

AS : In the third world countries, continuity in their policies is a big problem. The political governments are short lived and policies are linked to certain political personalities. One government initiates and the other destroys plans and projects due to political clash and interests. We should try that our work should continue without political options. Children's issues should be given priority. Social sector and child welfare are important.

A boy : Should welfare money be used for children beyond HIV/AIDS?

AS : Yes, it includes every field.

A boy : How would you ensure education for every child till 2015?

AS : The enrolment rate of children would be enhanced under the new plans and policies. These plans would have resource backing. We should have ambitious targets and should achieve maximum, if not all.

Emmen : Sialkot got 100% enrolment rate. It could be made a model

AS : We are trying to raise the level of awareness through media and consultative workshops with experts and children. Good media policy is in the making.

Hassan Mangi, Director National Commission for child welfare: there is a need to give children opportunities to speak about their issues at a common forum. If such an organised forum is not given to children, we cannot really take about their input for policy formulation. There is a need for a dialogue between children and politicians and rulers right from district level to federal level. There are district committees for protection of children's rights. There are human rights focal points at district level. We should explore these avenues to ensure children's participation in decision-making and implementation processes.

AS : It is a fact that despite worst economic and political conditions in the country, successive governments continued their efforts to address social sectors issues particularly of children's problems.

A boy : What about other areas of NPA process?

AS : The NPA would set all targets by March-April 2003. We want an implementation oriented NPA.

A boy : How could we improve standard of education at govt schools?

AS : There are problems in public sector education. They include low salary and benefits and capacity of teachers and school are inaccessible with no facilities. But with certain planning we try to address these issues.

HM : The government has set up a higher education commission under Dr Aatur Rehman. The government is taking serious steps to promote quality education and life in the country. We should take a positive view of what is going on these fronts.

Emmen : During the last one and half years, there is a big change in the government's attitude. The government is working with children and hope we should continue this collaboration.

- HM : In a recently held consultation in Gilgit, the children suggested that they should be involved in the monitoring process along with the consultative process.
- AS : The government and non-government organizations have similar aims to address children's issues. The enhanced resources base would be utilized in the social sector.

Group work on role of adolescents, civil society, government, international organisations and media

Recommendations after group work

Group on role of adolescents/youth

Members: Nida Aziz, Humera Murtaza, Taseer, Mafia Aslam

- The youth could organize workshops and meetings to play their due role to spread information on HIV/AIDS
- The youth could first discuss the issue of HIV/AIDS with schools heads, Sardars, and other notables of the area to take them into confidence before spreading it to the people in general and youth in special
- The youth advocating for control on HIV/AIDS should be polite in dealing with the people. They should be tolerant enough to convey their messages
- Like Bangladesh's ETV, a special TV channel should air the programmes on the issues of adolescents and the youth so that they could be provided with update information on HIV/AIDS
- The HIV positive people should be encourage to share their stories of getting into the disease with adolescents and the youth through media or inter personal communication so that the people could be sympathetic towards them
- The youth/adolescents should unite themselves at locality (mohallah) level and should form peer groups to further discuss and disseminate information on HIV/AIDS.
- The NGOs could better involve the youth/adolescent in their activities or could support them for their own activities. They should be given funds as well.
- The youth/adolescents could make those government and non government institutions accountable that are not working according to their respective mandates.

Group on role of civil society (NGOs)

Members: Usman, Nasir and Sajid

- The NGOs administration should be literate so that they could seek more and more information on HIV/AIDS to further disseminate that information among the stakeholders and general public.
- The NGOs in their respective development areas should open up a debate on HIV/AIDS and should approach to those segments of the locality that consider this subject as taboo for themselves and their children.
- The NGOs should organize awareness workshops on HIV/AIDS at school level
- The NGOs should form peer groups of children and then provide them information on HIV/AIDS so that they could spread this information among other people, particularly their peer groups including children working at hotels, shops, workshops and other public places or in the streets.
- The senior and elder instructors (Ustad, chief mechanic at the workshops) at workshops must be sensitized on HIV/AIDS so that they could not dare to sexually

abuse the children working at their workshops and they themselves could save them from prostitutes.

- The NGOs should join hands in the efforts to root out the high risk of HIV/AIDS from Pakistan
- The NGOs should inform parents about the HIV/AIDS so that their children could be protected against any such accidental transmission
- The NGOs should set up free medical dispensaries in the localities where clinic and hospitals are not working. They should also discourage the trend of re-use of the already used syringes so that chance to HIV transmission could be curtailed.

Group on role of government

Members: Marjan, Humaira Danial, Sumira Jani, Shahbaz, Yaseen, Omer Ghanizad, Atif

- The government should extend administrative and economic support to NGOs/CBOs working for the right of children at grass roots level
- There should be a firm political will at higher government level to control HIV/AIDS
- The government should review its existing policies that affect the life of children or that relate to children
- There should be continuity and consistency in the implementation process of the projects and programmes that successive governments launch for the welfare of children
- The government should involve children in the decision making process as stakeholders. The decision for children should be pro children and should be done by the children for the children.
- The government should set up youth/adolescents/children specific information centers where information relating to HIV/AIDS is provided. They should be given health related information and counseling by certain experts. At these centers, information regarding child rights should also be disseminated.
- Such qualified and expert doctors should be appointed at hospitals who have update knowledge and expertise to deal with the HIV/AIDS related cases. The doctors should be imparted specific training on HIV/AIDS

Group on international organisations

- The INGOs should provide sufficient resources of welfare of children
- The INGOs should build capacity of local NGOs so that they could streamline their working
- The INGOs should exploit media formats to further disseminate information on HIV/AIDS so that the people could get maximum information and awareness on the subject
- The INGOs should extend financial, other moral and material support to HIV/AIDS patients so that they could live an honourable life.
- The INGOs should ensure that they continue interaction with those children whom they train under capacity building programme. They should be encouraged so that they could work nicely with these organizations
- The INGOs should provide intellectual support to those children who are imparted training on HIV/AIDS related issue so that they could further disseminate that information in their peer groups.
- The INGOs should provide chance to children to work with them in HIV/AIDS

Media

Members: Farishta, Ubaid, Imran and Samita

- In the print media, newspapers should spread awareness on HIV/AIDS
- Children/youth/adolescents should be encouraged to write on HIV/AIDS
- There should be a special edition for children in the newspapers that should highlight real issues of children and not serve just as a story/jokes telling page as is the current practice at the children's pages
- Publicity signboards and poster to raise public awareness on the HIV/AIDS should be displayed at all prominent places in the country.
- Electronic media should produce programmes on HIV/AIDS to increase awareness
- Website spreading HIV/AIDS related information should be promoted in children and they should be given a chance to give their inputs through this website.
- Media celebrities should join special campaigns for awareness raising on HIV/AIDS
- There should be children specific and children produced and directed programmes on the electronic media so that they could better present their issues and thoughts with their own skills. There should be child writers, artists and anchorpersons and discussants on the television and radio.
- Movies should highlight the issue of high risk factors of the HIV/AIDS and the movies that detract the children should not be made.
- FM-100 and FM-101 and other radio channels should air information on HIV/AIDS for the truck drivers.
- World AIDS Day programmes on media should provide maximum information to children
- Our local music channels (both radio and television) should present such theme songs which sensitise people on HIV/AIDS

Ms. Laura, programme officer, UNICEF Pakistan

I would like to tell you about the regional forum to be held in Kathmandu. Does every one know about the regional forum?

Usman : The children would represent their country in the forum

Sharoon : The children would talk about HIV/AIDS

Laura

The regional forum in Kathmandu would be held during December 15-18. Four children each from all the seven countries of South Asia and Afghanistan would take part in the forum. Those who would be participating in the regional forum would do five things.

1. What they think. What they do?
2. How do they feel about the governments doing about HIV/AIDS? They would represent what you all have discussed at this forum in Islamabad. They would share other children's views from the region. They would also discuss networking with media, NGOs
3. How could young children be involved?
4. Regional network of children to further explain their views and experiences
5. A Plan of Action would be developed at the Kathmandu meeting. This would be most important thing. The plan would include role of young people in mobilising media, civil society and other stakeholders. The Plan would be shared with children at the

Kathmandu. There would be a bigger meeting in February 2003 where this plan would be presented and a commitment would be sought from the policy makers from South Asia.

Now we would go to elect two children to represent at the Kathmandu meeting.

Jawad : To elect four children from Pakistan, we planned two workshops one in Islamabad and other to be held in Karachi.

Laura : In addition to election of children for Kathmandu, we feel that you are doing a lot of work. You could be involved in further activities. Follow up activities would be planned for you. If you make network, you can work better. You have to select children who can represent you on the above said five areas.

The children themselves devised a criterion for election. Two children (one girl and one boy) were voted through secret ballot.

Candidates: Except two participants of the forum, all others contested the election that was followed by counting.

Closing ceremony

Dr, from the UNICEF's health wing

Thank you for participation in the forum. The purpose of this forum was to hear your voice. First when we talked about child participation, it would have been a token one and now, the situation is different and now the participation is real one. You have a future and you can stop HIV/AIDS. We want to work with children under 20. We wish and hope that through you, we could send this message across the children below 20. Your recommendations would be taken up seriously and we would include them in our implementation plan Please convey what you have learnt to other children.

Mr. Steve from Save the Children, UK

I am pleased to see the energy in the participants. I could get a good sense from charts and cards the young people here have prepared based on their views and knowledge. I would like to say a few words about the Save The Children Alliance. (US, UK, Sweden). We have over 30 Save the Children Organisations working with children since long. The reason for change in few years is that whenever children are involved the quality of work is improved and impact is wider. What are we doing here with a mandate to support children? May be we are not meeting your needs but we try to bring about change in the children's life. We work with children and give them chance to evaluate the project we are undertaking. Earlier, adults did these works and now children are doing this job.

What we need to say is that this process is important. This forum in Islamabad is part of the process to be proceeded in Kathmandu. We should think about moving ahead of this consultation and process. We have the role to play. The children have the role to plan. The SCA and UNICEF and government are committed to work for the protection of children and you are also part of it. Thank you all and the facilitators to make the event success. Thanks for NGOs, UNICEF and Government for their participation.

Mr. Karam Elahi, from the Ministry of Youth Affairs

I feel honoured on being among the young people. According to data available, there are 35 million youth (15-38 years) in the country. The ministry is working for the welfare of the

youth. We have set up vocational education centres to build their capacity. We train youth in different trades so that they can have their self-employment. After getting vocational training, they get loans for setting up their own businesses. Youth hostels have been set up in the country to provide them recreational and residential facilities. You should get membership of these hostels as they are on international standards.

We plan to have training sessions on HIV/AIDS at our development centres. We are working with NGOs. We take youth abroad under youth exchange programme. We advertise for the young people to send them in exchange delegations purely on merit.

We have started collaboration with UNICEF in certain areas. We plan to organize training programme for master trainers on HIV/AIDS. It is time to realise the situation on HIV/AIDS and leave the Ostrich like attitude. The child participation is a welcome step. This is one of capacity building exercises. It is time that you are given maximum information on HIV/AIDS. We will collaborate in all follow up actions along with other organisations. We have developed a policy for youth with consultation.

I congratulate those who have been elected for Kathmandu forum.

Mr Karam Elahi then announced the results of elections. Omar from boys got 6 votes and was declared elected from among the boys while Samita with five votes was elected from among girls.

Votes counts

Girls

Samita	5	Ist
Marjan	4	2 nd
Maryam	4	2 nd
Farishta	3	3 rd
Nida	2	4 th
Humeera	2	4 th
Uzma	2	4 th

Boys

Omar	6	Ist
Usman	3	2 nd
Nasrullah	2	3 rd
Taseer	2	3 rd
Sharoon	2	3 rd
Obaid	2	3 rd
Atif	2	3 rd
Shahbaz	2	3 rd
Wilson	1	4 th

**National Youth Forum on HIV/AIDS
Adolescents' right to protection against HIV/AIDS
Beach Luxury Hotel, November 23, 2002 Karachi**

Revisit objectives

Samina: Why we gathered here?

Children : To learn to protect against HIV/AIDS.

Samina: We want to give children a right to speak on what has been done in HIV/AIDS.

How children could work with NGOs and government to eradicate the AIDS

She then invited four volunteers to recap and other facilitation during the next two days.

MIDHAT, MUZZAMIL, SAMINA, ZEESHAN ASHRAF were selected as volunteers.

Children were asked where they want to go for trip, Beach or Allah Din. Majority of them decided to go to Allah Din. They were told by the organizers that the transport would be available at 7 pm. Children would go with chaperones who would be responsible for their safety and well being during the trip.

Samina briefly told the participants about the regional forum to be held in Kathmandu. She also invited the participants to take part in the logo competition. She asked the aspirants of the contest to contact Mr Jawad for necessary items to be used in logo making and submit their entries by tomorrow (24.11.02).

When asked by the organizers, the children told the meeting that they found material in their bags that speaks about child rights and HIV/AIDS.

Mahmood conducted a group exercise on how HIV/AIDS spreads followed by a discussion.

Mahmood: The exercise proved that HIV is spread like fire spreads in forest. It infects one from other and so on. It rapidly expands to many more.

A boy : What are the causes of the spread of HIV/AIDS?

A girl : Re-use of syringes

A boy : Sexual relationship

A girl : Pregnancy

A boy : Operations/blood/needle/ injection

A girl : Not spread by mosquitos' bite, clothes, bathrooms

A boy : Not with hand shake, embracing

Mahmood : We should spread information regarding HIV/AIDS through our exercises and interaction.

Dr Ashraf Memon Sindh Aids Control Programme

Overview of the HIV/AIDS in Pakistan

Dr Ashraf made an interactive presentation with Q & A with children

Dr. Ashraf : How HIV/AIDS is getting into Pakistan and in the region?

A girl : HIV is a virus, which spreads HIV/AIDS.

Dr. Ashraf : HIV stands for Human Immuno deficiency virus and AIDS for Acquired immuno deficiency syndrome

Dr Ashraf

AIDS takes as many as 6-8 year to fully damage the immune system of body. This is our experience of Pakistani patients. During 10-20 years, HIV/AIDS is taking place in all over the world and till December 2001, 40 million people are affected. Among them, 37.2 million are adults including 17.6 million women. A total of 2.7 million are children who are affected by HIV/AIDS. The disease came from Europe and USA, but they controlled it because of awareness, education and resources. But it is now hardly hitting Asia and Africa because of resource constraints and lack of education and knowledge on HIV/AIDS

In Pakistan, reported HIV/AIDS positive are around 1886 while estimated cases are between 60,000-80,000. Generally, the people do not report for their HIV status, as they do not feel it comfortable. In Asia and Africa, the HIV/AIDS positive people most of the time do not know about their HIV/AIDS position. While in Europe, they know it. Since our HIV/AIDS positive do not know that they are infected and unknowingly they continue to transmit this disease further through their risk behaviours.

Group Discussion on HIV/AIDS (Boys and girls in separate groups)

After Dr Ashraf's introductory remarks, the participants were divided into two groups comprising girls and boys separately for further discussion on the issue and their concerns. Only facilitators and Dr Ashraf were allowed to sit with the participants. Female facilitators sat in the girls group and male facilitators with Dr Ashraf joined the boys group.

Discussion at the boys group (Based on notes provided by Mahmood)

The boys group discussed the spread of HIV/AIDS in truck drivers and about the risk behaviours. More or less it was the same as was taken up during the first part of Dr Ashraf's presentation. Some boys asked questions regarding use of condoms and how could they prevent from sexually transmitted diseases. They also asked about whether women could also use condoms. They were told that they could. But this is not easily available or used in Pakistan as the male condoms were. However, it was told the group that condoms could provide a safeguard against transmission of HIV/AIDS. It was described how male and female condoms are used and properly placed over genitals.

Some adolescents did speak about masturbation practices among young people. Dr Ashraf told the boys that the myths attached to masturbation that they have any harmful effects mentally or physically were wrong. He said there is natural discharge of hormones both in boys and girls. If they do not release them through masturbation, they are automatically

discharged from the genitals. Giving a sex solution, Dr Ashraf suggested that one should limit oneself to one sex partner, the spouse. This is a problem in young adults. During the discussion, infections relating to different sexual behaviours came under discussion.

The group suggested that truck drivers should be given specific information on their risk behaviour and prevention from the HIV/AIDS. The group was also briefed on how transmission of HIV/AIDS is more likely from male to male as compared to male to female or female to male. In male-to-male sexual activity, there occur anal wounds, which expose you to HIV virus.

The group also discussed about the sexual activities with transvestites. They were briefed about the transvestites who become due to physical and hormonal changes in the body of certain human beings. Some transvestites are born as transvestites due to physical or hormonal changes while others are made getting injection to bring about hormonal change. Physical change in body could be natural by birth defect or sometimes forced or chosen. This has bad medical effects in terms of secretion system of the body with infections and blockages. Sex with transvestites could transmit sexually transmitted disease of which HIV/AIDS is one.

Discussion at the girls group (Based on notes provided by Arshela)

During general discussion, the girls group listed vulnerable or risk groups who could be affected by HIV/AIDS infection. They identified that those who do not have awareness and information on HIV/AIDS and they do adopt risk behaviours could get infection. Truck drivers and frequent travellers were also identified as the vulnerable people.

Both male and female commercial sex workers and small and massage boys and *Chhotas* (boys) working in workshops and hotels are also high-risk people. Industrial workers and their bosses could be among risk people. Expatriate and migrant workers and prisoners, army and police personnel were also identified as the vulnerable groups. Homosexual behaviour and male-to-male sex also came under discussion and were categorised as a risk group in terms of HIV/AIDS. The I/V drug addicts and common syringe users were also marked as vulnerable.

The girls group particularly discussed how young girls are vulnerable in terms of sexual abuse and thus their chance to get infected from the male having HIV/AIDS virus were considered high. They were of the view that lack of awareness is one of the causes of girls' vulnerability. They identified those girls or women who work as housemaids (*Massis*) as a vulnerable group.

The girls group was of the view that poverty is the cause of prostitution, trafficking of women, sale of girls, and sexual abuse of minor girls. There is a tendency among those who were HIV/AIDS positive that they hide this from others.

Dr Ashraf resumed his presentation on “Role of Government to fight against HIV/AIDS”

- Dr Ashraf : Government has tried to raise awareness through media advertisements.
Children : There has been no impact as TV/Radio, Newspaper advertisements did not give full information regarding HIV/AIDS and sexual risk behaviours.

- A boy : Illiterate do not get any information through such vague material
- Dr. Ashraf : Yes, it is true that we do not speak about sex related risk behaviours when we talk about HIV/AIDS. Once private television channel GEO team came to interview me and they asked me not to speak about sex while explaining the HIV/AIDS. I plainly told them that it is not possible. I asked them a question how could we prevent HIV/AIDS if we would not talk about sexual risk behaviour, which is the major cause of spread of HIV/AIDS.
- A girl : Is government doing blood screening and testing for the risk groups or those deported from other countries?
- Dr. Ashraf : There is a law in Middle East under which the authorities deport if they found any migrant worker with HIV/AIDS infection. They do not educate or inform them about the disease or how to prevent it from further spread. They conduct tests and deport those who are declared HIV/AIDS positive instead of doing counselling for prevention purposes and thus deprive them of their right to work and normal life. The government of Pakistan has no communication link with those who have been deported from Middle East. Though we have taken up this issue with Middle East countries, but they do not seem to treat them as they deserve because of their disease rather they put them behind bars and then send them home as deportees. The HIV/AIDS patients should be taken up politely and should be given care and attention so that they could not react negatively.
- A boy : Is government stopping the deportation from Middle East?
- Dr. Ashraf : We cannot stop them at airports. We try to guide them before they go abroad.
- Laura : How much of the government funds are used for AIDS control and how youth have been targeted in the AIDS Control programme?
- Dr. Ashraf : We conduct peer education workshops so that the youth could further transfer knowledge and information about HIV/AIDS and train others. We have trained 45,000 youth with the help of UNICEF. We also take care of other sexually transmitted diseases to control HIV/AIDS. We have set up clinics to treat sexually transmitted diseases. We have printed literature and books and the same material has been sent to schools/colleges.
- A girl : How could media be used for these messages? Why are media message so limited/restricted?
- Dr. Ashraf : We can only give certain messages within ethical values. We should sort out communication problems. The TV ads relate to policy matters of the governments. We should talk on all aspects and should clear confusion within ethical values.
- A boy : A child died of HIV/AIDS in Balochistan. But his parents did not cooperate.
- Dr. Ashraf : We do free tests and do pre and post test counselling. HIV/AIDS test is different from the other blood tests. This test is HIV/AIDS anti body development period that is called window period.
- A boy : The government is not supporting in Balochistan for AIDS control.
- Dr. Ashraf : It would be your province's policy issue. There may be problems there. But in Sindh, we have 21 HIV/AIDS centres to do testing. As many as 43093 diagnostics were done at these centres. We have mini labs at these centres and there is a referral lab in Karachi. Sometimes tests give different results. We utilise international WHO standards for testing. We also publish pamphlets, posters and calendars. We conduct training workshops for print and electronic

media. We also train doctors, social workers, pathologists and paramedical staff. We organize peer education programme and conduct research in collaboration with universities.

A boy : Raised the issue on Balochistan situation

Dr Aliya from Save the Children Balochistan: We should take up this issue with Balochistan's programme manager.

Group work

Arshela and a boy conducted an exercise: moving ship and shaken. Life boats available for five boys and girls. Groups should be made. The four groups, formed after this exercise, were given case studies.

Sabir briefed about the case study group work. He told them to elect their timekeeper and a presenter. First read the study and make questions. Use charts and markers to formulate your points for presentation. Then the groups will make their presentations at the plenary.

Group Presentations

Group-1

Case study: There is a story about a boy Shafqat whose father used to work away from home. His income was not good. Shafqat used to work at a workshop of a motor mechanic in the city away from his village. He used to live with elders and he got habit of smoking and used to stay for late night with his elder mates. Due to risk behaviours and sexual abuse, he got HIV/AIDS.

After going through the case, the group formulated certain questions and their answers. On the factor that led to his disease, the group identified the factors as lack of education and knowledge, which put him in a bad company. Other factors are: away from home till late night; no communication with family on what was happening with him in terms of his sexual abuse and no help from elders from family.

About the violations of Shafqat's rights that led to his illness, they group listed the violations of his rights as: Right to education as he was dropped from the school, right to guidance from family as he kept the company of those who abused him, right to protection against child labour as he has to work at a workshop at his early childhood and right to have protection at home as he was away from home and without guardians support.

On the social behaviours and psychological and economic problems Shafqat was fighting with, the group found from the case study that on declaration of being HIV/AIDS positive, he alienated himself from the society due to social as well as self imposed stigma. He got dejected and he used to think that he would soon die. He stopped mixing with the people. He felt that since he could not get education due to poverty that is why he got this disease. Economically, his father was weak and could not provide his family the necessary support and Shafqat has to go to city and got this disease.

The group also identified the sources, which can provide information. They are NGOs facilitators, seminars, and experts on the issue, electronic and print media, advertisements and

information on HIV/AIDS and peer education so that the young people could tell their fellow on HIV/AIDS.

The group suggested that doctors should spread technical information and teachers should also give information on HIV/AIDS. Parents can provide genuine atmosphere to children to grow and can guide them to choose a good company and thinking.

On how could the HIV/AIDS positive be made effective citizen, the group suggested to behave nicely with them Do not ignore them rather involve them in life. Give them care and love. Mix up with them. Do not hate them. Necessary information should be imparted to them so that further transmission of the HIV could be checked.

Regarding protecting children from HIV/AIDS, group recommended that care and love should be given to children. Nice behaviour with them is necessary as they are the future. Since they are full citizen, they should be given right to freedom of expression. They should be involved in decision-making. They should be helped out in all their endeavours. If children are given due care, they would safe themselves from bad company. They should not be overburdened with more and more responsibilities. Normally children are not involved in families. They should be given full rights as persons so that they could protect themselves against HIV/AIDS.

Group-2

The case came under review of the group-2 was of one Mr. Javed Sukko who was a farmer by profession and he used to go to market to sell his agricultural produce. One day he got an accident on the road and lost too much blood. He was injected unscreened blood and after recovering from the hospital, he came to the village. He started normal life. But after sometimes, once he got sick He went to the hospital where he was tested against HIV/AIDS virus. He was declared HIV/AIDS positive. When everybody knew his disease, he was asked to be isolated.

He was forced by village people and the family to divorce his wife for fear of being further transmission of the disease to her. Commenting on his decision to divorce his wife, the group viewed that it was not a right decision as the disease could have been transmitted to her it is not spread by touching or living together.

On self alienation of Javed, the group said he chose to alienate himself as he felt his life would be miserable because people would not like to mix with him. This decision affected his normal life and he went into isolation.

The group suggested that instead of going into isolation, Javed should have helped others to protect themselves from HIV/AIDS by telling them his story. He could have told them that he got this disease through unscreened HIV affected blood transfusion. He could have avoided to further donating his blood, which was HIV positive. He could have promoted safety instruction to others, particularly telling the people about other forms of blood transfusion and drugs addiction through syringes.

Regarding behaviour of other children with Javed's children during school, the group visualized that they would be dropped from the school or children would ignore them when they would know that their father is an HIV positive

Identifying the institutions, which should give information on HIV/AIDS, the group viewed that national health organisations and doctor should be trained so that they could not re-use the same syringes.

For making HIV/AIDS positive people active citizen, we should not avoid them. Tell them how to control spread of HIV/AIDS and how could they play their effective role in this regard.

Group-3

The group-3 discussed the story of one Mr. Abid who went abroad and married there. His was HIV/AIDS. Later he also got infected and he came to know that the disease has been transmitted from his wife. Abid came back to Pakistan after divorcing his foreigner wife.

The group viewed that his decision to divorce his wife was incorrect. He could have lived with her and informed others how he got this disease. Both Abid and his wife could have proved their life as positive for others. They could have launched an awareness campaign for others about the HIV/AIDS.

On why Abid became so dejected from this situation, the group viewed that he was afraid of society's reaction. He would have thought that the people around him would always blame him for having risk behaviours while he was abroad.

The group suggested that certain preventions measures could stop spread of HIV/AIDS. They are: safe sex and use of condoms, screening of blood and use of new syringes.

In view of the group, citizen and children can make people aware of HIV/AIDS but first they themselves should have information on the issue. The group identified homes, parents, friends, and organisations working against HIV/AIDS as key institutions that could provide information on HIV/AIDS. SACP is worth mentioning. The other such institutions include: NGOs, UNAIDS, UNICEF, teachers, media and doctors. Media influences a lot to all segments of society. Parents should do better counselling of their children.

About the impact of HIV/AIDS on children, the group opined that children could be stranded or abandoned if their parents are divorced after being infected with HIV/AIDS. They would lose confidence and could do nothing in future.

The group suggested that the youth could play an effective role. They could launch campaign against HIV/AIDS. They could educate friends and family members on HIV/AIDS. They could share information with teachers. They could make the children aware of the HIV/AIDS. They could target parents first so that they could be sensitised on HIV/AIDS.

Group-4

The group-4 took up for discussion a case study of Rashid's family who was a student of class seven. His father was agriculture worker and his mother was rearing a buffalo. His father got the HIV/AIDS. The village people suggested giving him a lethal injection to stop further spread of the disease.

The group discussed the case in detail and formulated certain answers to the questioned raised on this occasion. On the decision of giving Rashid's father a lethal injection, the group viewed that it was not a correct decision, as it would not provide any solution to their fears. About a possible reaction from the classmates of Rashid if they knew that Rashid's father was an HIV/AIDS positive, the group replied that if as classmates we would know of the situation, we would isolate him and ask the teacher to strike off his name. We would not mix with him due to the myths attached to the spread of HIV/AIDS.

On how would the disease impact on Rashid's family, the group opined that his wife and children would face difficulties as their income would be reduced as he would be denied the right to work. His wife and children would be in trouble. His wife or his to be born child could be affected badly. If he is given a lethal injection, the whole family would be damaged.

The group viewed that media and NGOs could be the institutions that could give information on HIV/AIDS prevention. The youth could spread information in schools and colleges. Different committees could be formed in schools to train other children on HIV/AIDS. Workshops could be organized to share information on HIV/AIDS.

Sabir: We will form groups to sort out the risk factors increasing vulnerability. You have to discuss and think about these factors and have to write down on charts.

Groups to write down risk factors that increase the vulnerability of young people in Pakistan

All factors making youth vulnerable in community (charts prepared by groups)

Group-1

Members: Hira, Faiza, Faiza A, Khalid, Rehmatullah, Qasim

- Poverty
- Pornography on Internet
- Sex trade in Afghan refugee camps
- Single migrant workers
- Reuse of syringes/non-disposable syringes
- Instruments used in the jewelers' shops
- Drugs addiction
- Lack of education/awareness
- Use of unscreened blood
- Street children
- Child abuse at video game clubs/hotels/cinemas/cyber clubs
- Beggar girls/boys
- Domestic servants
- Re-use of blades/razors at barber's shop
- Boys/girls schools/colleges hostels/ youth hostels, etc
- Bad company
- Ignorance of parents

Group-2

Members: Salman, Kamran, Sonia, Raheela, Zeeshan, Muzzamil

- Bad impacts of media
- Bad company
- Sexual abuse/violence
- Love affairs
- Lack of information/knowledge

Solutions:

- Positive use of media information
- Avoiding bad company
- Cooperation from the parents
- Flow of information from the elders to the younger (from mother to daughter, father to son)

Group-3

Members: Midhat, Saima, Ainee, Asim, Aamir, Muhmmad Ali

- Needles
- Razors/blades at barber's shop
- Sexual abuse/violence (children)
- Unsafe sexual intercourse
- Intravenous drugs use
- Blood transfusion
- Blood products

Group-4

Members: Samina, Fahad, Ehsanullah, Naveed

- Child labour
- Away from family
- Bad company
- Abuse/violence
- Re-use of infected syringes
- Use of Infected blood
- Instrument of piercing of ear, nose
- Bad impacts of unsafe sexual activity
- Use of IV drugs
- Lack of awareness/education
- Surgical instrument
- Re-use of Blades/razors

Role of Civil Society

Dr Aliya, Save the Children, Balochistan

Geographically, Balochistan is linked to Iran and Afghanistan. It is also linked to Gulf states. Bolan, Sibi and other districts have their own NGOs; some are community-based organisation (CBOs). A number of such organizations are working in Balochistan. They formed a network, called Balochistan AIDS Network with Quetta as its centre. We have office bearers. The network organises different activities in collaboration with other organisations. We share our resource persons and activities.

We did not touch HIV/AIDS for long in Balochistan. But later gradually we involved Sardars, Maulvis and others to advocate with them to start work on HIV/AIDS. Balochistan is vast area and many people remain away from their homes. They are normally frequent travellers. And due to risk behaviours, certain risk groups emerged that could be the vulnerable to HIV/AIDS. We are doing awareness work with youth and children. We have capacity building programme. We identify certain youth and train them so that they can work as peer trainers and tell their fellow children about the HIV/AIDS. We are also building capacity of those who are HIV/AIDS victims. These capacity building efforts build confidence in them. We organize seminars, conventions and walks with the help of youth. Debates and quiz competitions in schools and colleges. We mobilise youth at provincial and district level to speak on HIV/AIDS.

The network is also working with Balochistan AIDS Control Programme. Screening, counselling and help line facilities are also being provided by the network organisations. We help the victims to live through our awareness programme and medical facilitation. We also provide phone in service to inform the HIV related information. Civil society organisations could do better than the governments. NGOs work mostly on voluntary basis.

Dr Shoukat Ali, Secretary Pakistan Aid Prevention Society, Sindh

We also have a Sindh based network on HIV/AIDS. You people (the youth) are so important that we (the presenters) have to think as to what should have to be said before you. It is laudable that you well understand the issue now.

As for as provincial programmes are concerned, the Sindh AIDS Control Programme (SACP) is doing its level best to control HIV/AIDS. The government level policy making stage involves National AID Control Programme, provincial programmes, the second stage work is done by UN agencies like UNICEF and UNAIDS, and at the third stage Civil Society do their work. At this third level, various organisations do various level works. When we talks about HIV/AIDS, we should take it as human issue, a social issue and an economic issue that is why all organisations working on different issues get together and work to address this issue.

The government efforts are limited and are of non-voluntary basis, while NGOs have grass roots level contacts and that is why because of their voluntary approach they reach at local communities. They pool their resources, intellect and activities. Sindh AIDS Control Network is a consolidated effort to link up international AIDS programmes to the grass roots level. Awareness, legal support and advocacy are very important to spread HIV/AIDS information. We have gone beyond protection as well. We have formed a group of HIV positive people

including a child.

The NGOs' work reflects social needs. Our curriculum and general information for youth do not have information about sex and risk behaviour and HIV/AIDS. We can mobilise youth and the policy makers through advocacy on HIV/AIDS. If youth come forward to take up the challenge of information dissemination through these provincial networks, then we could control this disease from further spread. We extend all our facilities to youth. We want to continue what UNICEF and Save the Children have now started.

Q & A

- A boy : Can NGOs forge an alliance between the youth and the government?
Dr Shoukat: The Manger of the SACP is head of our NGOs network. We have limited resources. There should be govt, NGOs and International organisations' common pool to control the HIV/AIDS. UNAIDS structure has seven UN agencies. They pool their resources. They have theme groups and provincial networks have membership with the UNAIDS.
- Jawad : Asad Sumbal will come to represent the govt
Samina : Asad Sumabal will also tell about what the government is doing for full

participation of children and also protection of children's rights.

National Youth Forum on HIV/AIDS Adolescents' right to protection against HIV/AIDS Beach Luxury Hotel, November 24, 2002 Karachi

Recap of November 23 by the volunteers

Volunteers: We were given a chance to learn about HIV/AIDS. We learnt from the games how we could control AIDS from spreading. Dr Ashraf briefed us about the situation of HIV/AIDS. He told about four basic causes of HIV/AIDS disease. He gave us data on HIV/AIDS situation in the world and in Pakistan.

Then the boys and girls were divided into two separate groups to discuss the causes of HIV/AIDS and share their concerns. After separate group discussion, Dr Ashraf told us about the SACP and how do they work to handle HIV/AIDS cases. He also told about testing. Dr Aliya told us about NGOs working in Balochistan. Later Dr Shoukat told about network of civil society, government and UN agencies working against HIV/AIDS.

Samina briefed about the proceedings of the day (24.11.02). She said there would be a couple of presentations and then the election to elect two representatives from this forum for Kathmandu regional Youth Forum would be held.

Presentations

Asad Sumbal:

First Arshela will speak about the special session of UN on children.

Arshela:

A convention was signed on child rights. All the countries except USA and Somalia signed this agreement. The document talks about children's rights. The agreement went into files and to get it revisit, a special session called 'UNGAS' was held. First children forum was held and later special session was held. As many as 417 children represented the world and raised their concern about child rights.

The forum meant to devise such a document, which can identify actions to follow up the implementation on the CRC. The children on this occasion prepared a document "A World Fit for Children". The participating children were divided into groups; and from among them, some rapporteurs were selected. The rapporteurs made presentations based on group discussions at the special session.

The document talks about child rights and respect for these rights and their fulfilment. It talks about ending war and promotes protection issues and dissemination of information on HIV/AIDS. It calls for an end to poverty and promotes child participation, partnership building between children and parents. It calls for facing realities regarding children. The document raises the voice of the children before elders for implementation. All the heads of

country delegations were briefed about what the children have documented based on their rights. Then the elders told the session what they have done for the children. From Pakistan side, results of the regional girl child symposium were shared. We learnt what problems the children of other countries are facing.

Asad Sumbal:

You must know much about HIV/AIDS. I would like here to talk about the CRC. Have you heard about the CRC? Why elders are bound to deliver to the children and involve them into decision-making.

Ten years were spent to formulate the UNCRC. The CRC protects all rights of the children from birth to growth. It protects health, education and survival rights. Earlier there was a concept of child welfare but now under the CRC the children have the rights with the rights concept. A summit on children was held in 1990 to review the CRC and chalked out a plan of action. The countries set their targets for child protection, education and survival. These targets were set for ten years. Pakistan also gave a commitment.

The UN organised a review session on the plan of action. It was planned in 2001 but it was held in May 2002. Majority of the countries reported that they could not materialize the targets as they were too ambitious.

In the May session, the children prepared 'A World Fit for Children' document. Five children from Pakistan participated. Two children were in Pakistani delegation and three were for the NGOs forum. Emmen Saeed and Arshela participated. Emmen inaugurated the children forum. Jehanzeb inaugurated polio campaign. Arshela spoke at the plenary.

The outcome document has set the targets for children:

- Health
- Education
- Protection against Abuse
- HIV/AIDS

The Document said:

- Put children first
- Best interests of the child
- Fight Poverty
- Leave no child behind
- Care for every child
- Education for every child
- Listen to children
- Ensure child participation
- Protect the earth for children
- Protect children from harm

Plan of Action calls for:

- Effective national laws, policies and resource allocation
- Establishing national bodies
- Monitoring and evaluation
- Child rights awareness

The outcome document also talks about mobilisation of resources, monitoring and follow up actions

Nation Plan of Action Process

We are making a National Plan of Action (NPA) for children in Pakistan at national level. Provincial plans are also in the making, regional and district level plans are also being made. Under the devolution of power plan, we need to act locally.

Then we will have in place an implementation and monitoring process.

The NPA would contain a national policy on HIV/AIDS. The decision you would take today or in Kathmandu, would become part of the NPA, which would be implemented over a period of ten years. Your inputs would also reflect in our national, provincial and district plans.

- Ashela : We feel some gaps between documents and implementation. At the UNGAS there was two level discussion, i.e. adults and children levels. This process gives chance to children to give their inputs in the policy formulation. We need resources for follow up. We talk about education for all, but one bread earners of a family cannot afford to give education to children. We should see these gaps so that we could realise the real situation.
- Sabir : What is child participation?
- Children : Participation is about expressing and sharing views
- Sabir : We have ensured child participation while doing energizers, group work and presentation, Q & A session and other activities.
- A Girl : Children are next generation. They must be given chance to participate in all such processes

Later child participation was defined as ***“Children/youth/adolescents’ participation means working with them or involving them in the consultative and decision making process particularly in the affairs affecting them in one or the other way.”***

It generated a full-fledged and result oriented discussion among the youth/adolescents. The participants gave reasons why they should participate in such processes and what are the ways of such participation with suggesting some follow up actions after this forum.

Reasons why should they participate?

- To express their opinion and point of view
- To better identify themselves the problems confronted children/youth/adolescents
- To take or seek ownership of the processes to their benefits
- To build self confidence
- To identify problems to seek their timely resolution
- To better visualize their problems and issues
- To get importance as full individuals

How could they participate?

- To join in campaigns
- To take part in rallies and walks
- To organize, take part counselling sessions

- To inform children on what they themselves know about issues
- To use media for children and through children
- To organize, take part in seminars and debates
- To ensure flow of information
- To have networking and interaction with different groups
- To organize and take part in inter-provincial youth exchange programmes

Follow-up actions

- Coordination amongst all the participants and sharing of experiences with others
- Publishing of magazines for contact building and sharing of information on HIV/AIDS. For this purpose, focal points could be identified
- Meetings, forums and get together for discussions of issues confronting the children
- The outcome of the Kathmandu forum should be shared with the participants.

A participant from Balochistan emphasised the need for a magazine on HIV/AIDS to be edited and produced by the youth to share information with all those through a consolidated mailing list.

Murtaza told the participants that Emmen, Arshela and he was trying to launch a newsletter to reflect activities of children.

Samina suggested for selecting four provincial focal points to collect information and material for the magazine/newsletter and then accumulate that material at central level with the help of the organizers of the forum, Save the Children Alliance.

Role of Media and HIV/AIDS

Presentation on “Role of Media in promoting right based approach to control HIV/AIDS” by Shafqat Munir

First of all, the idea of launching a special magazine of the youth on HIV/AIDS as an alternate media should be welcomed. It is good that the suggestion came from this forum. This suggestion has changed the basic idea of my presentation. Grabbing this opportunity, I would like to extend support from my organization “Journalists for Democracy and Human Rights (JDHR)” to those youth who want to launch this magazine. We would be pleased to train the team for this alternate media so that they could produce the magazine in a professional way.

Media basically perform three basic functions

1. Gathering of Information
2. Processing of Information
3. Dissemination of Information

Role of media in spreading awareness regarding HIV/AIDS in Pakistan

The media plays its role with three commitments

- a. Protecting people’s right to know
- b. Rights based approach that reduces vulnerability
- c. Information, Education and Entertainment

a. *Protecting people's right to know*

When we talk about media's role in protecting the right to know of the people including children, then we have to see different international conventions protecting fundamental rights and freedoms of the citizens. In this regard articles 12, 13, 14, 15 and 17 of the Convention on the Rights of the Child (CRC). These articles speak about children's right to know and right to dissent and similar other rights.

Article 17 of the CRC says: "State parties recognize the important function performed by mass media and shall ensure the child has access to information and material from a diversity of national and international sources, especially those aimed at promotion of his or her social, spiritual and moral well being and physical and mental health."

Under this article media is bound to provide information to adolescents and children so that they can save them from HIV/AIDS.

b. *Rights based approach that reduces vulnerability*

Under its second commitment, similarly if media adopts a rights based approach while highlighting certain issues concerning the mankind, then it could reduce the vulnerability of different communities. Due to unjustified treatment of the people with HIV/AIDS positive people, rights of the HIV/AIDS positive people are violated.

In the context of HIV/AIDS, protecting human rights both safeguards human dignity and promotes public health because it help to:

- i. Get the message on how to avoid infection to most people
- ii. Work with people to encourage them to avoid risky behaviour
- iii. Provide people a supportive environment and health care that will help avoid

Media can help promote and protect the following rights of the HIV/AIDS patients as human rights through their segments:

- Non-discrimination and equality before the law
- Right to life, right to health, right to liberty and security of persons
- Freedom of Expression, freedom of movement, freedom from inhuman or degrading treatment or punishment
- Right to privacy, marry and found a family, education, work and right to an adequate standard of living

c. *Information, Education and Entertainment*

The third commitment of media is dissemination of information, promotion of education and creation of entertainment for the masses. This commitment also focuses on enhancing the knowledge base of the people on certain situations, which affect their lives or interest them in any way.

Is media playing its due role?

As for as the role of international media to highlight HIV/AIDS issues, options and general awareness about the disease and victims is concerned, by and large it is playing its due role. CNN, BBC, DW and other renowned world radio and TV networks and channels are extensively doing stories on HIV/AIDS and miseries of the victims prompting people to love

them instead of abandoning them. Similarly, world print and online media is also doing the same. In its recent issue (November 25), Newsweek has carried a detailed story on India's ADIS crisis. Time, The Economist and similar other magazines and world newspapers are also regularly writing on HIV/AIDS issues.

Due to the extent of the HIV/AIDS in Nepal, India, Sri Lanka and Bangladesh, the media is playing its role in a reasonable manner. The media both electronic and print carry material on HIV/AIDS awareness. Even newspapers carry advertisement on use of condoms, they also advertise best quality condoms with their visual effects. Case studies are also reported in regional media. In Bangladesh, ETV has special segments with the rights based approach on issues like HIV/AIDS, trafficking, commercial sexual exploitation of children. Some segments are solely managed, produced and presented by children on ETV in Bangladesh.

Media in Pakistan is partially taking up the issue of HIV/AIDS and gradually the extent of the coverage has been increasing with the passage of time. In mid 1980s it would be difficult rather impossible to speak about HIV/AIDS on the officials controlled electronic media. Now the situation has been changed.

The English press in Pakistan carries specific stories on HIV/AIDS. Some times it carries case studies as well. Urdu and regional press is a little bit shy of discussing this issue on the pretext of being an issue, which is largely linked to sexual activities. Though, sexual activities are not the sole cause of spread of HIV/AIDS, national media does not openly talk about HIV/AIDS in real terms rather uses symbolic messages.

The government-controlled media in the country also takes care of moral, religious and social bindings attached to the culture of silence. Now, Radio and Television do incorporate HIV/AIDS related awareness in its programmes and segments. The government electronic media carried information and advertisement campaign under National AIDS Control Programme (NACP). Some Radio and Television plays were run to create awareness but the messages in the scripts were a little bit unclear or were not explicit in nature. This generated criticism.

The private electronic media is a new phenomenon in Pakistan. However, its response towards human issues is changed from that of the government media. Hopefully, the new private channels would play their due role on HIV/AIDS awareness.

Pakistan's population predominantly comprises on youth, particularly children/adolescents. There is a dire need to give this huge group of Pakistan a chance to utilize media for their betterment. Either there should be a separate television channel for children/adolescents or a sufficient time should be allocated on media for them to express themselves on issues like HIV/AIDS, commercial sexual exploitation, abuse and their rights.

Group work on role of media, civil society, government, youth/adolescents

Four groups set up for media, civil society, governments and youth formulated the following recommendations

Group-1 Media

Members: Fahad, Zeeshan, Hira, Faiza, Kamran and Muhammad Ali

Media was categorized into three:

- a) Electronic (Radio/television),
- b) Print (newspapers/magazines/books) and
- c) Online ((Internet/email/web)

Electronic Media

- Radio programmes: Radio programmes should also be produced and presented by children/youth.
- Youth should be invited to take part in discussion programmes so that they can express their views.
- Television programmes should focus rights of youth. The youth' s voice should be conveyed to parents, elders and the policy makers
- There should be a separate TV channel for the Youth
- When films take up issues openly, why not TV gives information on issues like HIV/AIDS.
- TV should not hide information on HIV/AIDS related sexual behaviours

On-Line media

- Government should help develop such websites that could provide true information to the people particularly the youth on HIV/AIDS. There should be chatting room on HIV/AIDS where from the youth could get useful information and share their knowledge on HIV/AIDS.
- Pornography and sex related chatting facilities on the web should be banned.

Print media

- Special articles and columns should be published on HIV/AIDS. Newspapers should fix pages for youth/adolescents that could provide information on health related issues particularly the HIV/AIDS and the rights of the children/youth.
- A youth specific magazine on HIV/AIDS should be launched as an alternate print medium run and managed by the youth/adolescents themselves
- Booklets should be published for wider information.

Group-2 Civil Society: Donors (INGOs)/NGOs/CBOs

Members: Samina, Faiza, Asim, Khalid

- CBO can make people aware about AIDS.
- College/school level consultations on HIV/AIDS
- NGOs could tell about the rights of the youth
- The Problems of HIV/AIDS positive should be given care and they should not be left isolated.
- NGOs should have interaction with media. NGOs can motivate media.
- The corporate sector should help the NGOs in promotion of information on HIV/AIDS. Anwar Maqsood's campaign for children is one such example.
- NGO/CBOs should share their experiences. NGOs should support CBOs working at local level by building their capacity.
- NGOs should organize seminars/workshops to create awareness on HIV/AIDS related issues.
- INGOs should put HIV/AIDS on their agenda as top priority area.
- INGOs should help resolve issues in collaboration with NGOs/CBO and provide financial help to them to carry out their activities.

- INGOs should include rural and far flung areas in their work plans.
- Awareness workshops should be held at grass roots level.
- Donors should help under-developed countries as they have less resources and information on HIV/AIDS.
- World Bank and other donors should give maximum funding to poor countries. Donors should extend financial support to the developing countries.
- Joint ventures of donors, government and NGOs could bring about a change as the governments/NGOs face shortage of resources.

Group-3 Government

Members: Sonia, Salman, Qasim, Ainee, Raheela, Rahmatullah

- Government should make a vibrant media policy. Drama, movie should not only give entertainment but should also give information on HIV/AIDS.
- Children welfare fund should be established
- Government should set up and manage HIV/AIDS information clubs/centers where children should be given information on HIV/AIDS, prevention and control
- Capacity of teachers should be build by imparting them training so that they could provide update information to students on HIV/AIDS.
- Shelter homes should be set up for street and homeless children.
- The children and staff in prisons and orphanage centers should be imparted training on HIV/AIDS related issues.
- Information on HIV/AIDS should be provided to the inhabitant children of prisons and orphanages during special meetings.
- Friendly atmosphere for youth/children should be ensured where they live, study and work.
- Children/youth should be involved in decision making and policymaking process regarding youth/children and their point of view and opinions should be given preference while making plans of action.
- Government should extend all out support to those NGOs/CBOs working with children/adolescents on HIV/AIDS and other areas

On a question whether youth are high-risk group in terms of HIV/AIDS, the group nodded in yes and said “youth are the high-risk group”.

Group-4 Youth/Adolescents

Members: Adil, Midhat, Ehsanullah, Aamir Jan, Muazzamil, Naveed

- Students could play volunteers’ role with NGOs and other civil society groups in their awareness and fund raising campaigns.
- Co-ordination at school level could be increased. Volunteer theatre groups could be involved at school level to increase awareness about HIV/AIDS
- Youth can establish a web site to share information, interact with each other and coordinate activities.
- We can inform other people in neighbour on HIV/AIDS
- Newsletter/magazine publishing by the youth could help raise some funds for further interventions and activities.
- Youth can do advocacy with Government, private sector and NGOs.
- Youth have already been taking part in seminars, workshops and other activities. Some are doing internship with certain NGOs.
- Youth can become members of different groups to spread further information.

- Social work, peer education and scouting can help share information, etc.
- Youth can use theatre as tool to spread information regarding HIV/AIDS in certain localities

Laura on Kathmandu process

Deeba told you about regional forum. I will refresh a memory on this issue before we go for election. We will tell you about the process, what we have done for collecting you here. We had less time to collect some responsible people, UN agencies, government, NGOs consortium and two young people in our working group.

Regional workshop at Kathmandu would be held from December 15 to December 18 2002. Four youth (two girls and two boys) from Pakistan would go there to represent the children of Pakistan. Two children have been elected from Punjab, NWFP, Kashmir, and Northern areas at a similar forum held in Islamabad. Two children would be elected from here. Children from other South Asian countries would be participating there and share their experience and their country situations. They would tell what has been done in their countries on HIV/AIDS control. Like we did here to ensure your participation in this forum, they would also be coming after going through similar process in their respective countries.

All the young participate from across South Asia would prepare a plan of action at Kathmandu forum. They would devise a set of recommendations for their governments. This document would be presented in February 2003 to policy makers and governments as recommendations from the children.

Two children would be going to region from among you. But we want that this process should continue and not fixed just for the Kathmandu process.

Election Process

A total of 17 candidates emerged from the participants. Among them, nine were boys and 8 were girls. Salman and Sonia got five votes each and emerged as representatives of the forum. Later the participants elected two runners up candidates in the second round of election. They were Muzzamil (with 9 votes) and Raheela (with 12 votes)

Vote count

Girls

Sonia	5 votes	Elected
Raheela	4 votes	
Hira	4 votes	
Saima	3 votes	
Midhat	2 votes	
Samina	2 votes	
Faiza	3 votes	
Ainee	1 vote	

Boys

Salman	5 votes	Elected
Muzzamil	3 votes	
Adil omar	3 votes	
Ehsanullah	3 votes	

Zeeshan	3 votes
Aamir	2 votes
Qasim	2 votes
Muhammad Ali	2 votes

Closing ceremony

Jawad: Congratulated the winners, runners up and all those who took part in the elections and voting. He introduced Dr Asif Aslam of UNICEF, Dr Ashraf, Dr Aliya and Asad Sumbal. He thanked the working group, UNAIDS, UNICEF, Save the Children, Govt, Media, NGO consortium and the two children for planning the youth forum. He also thanked the child facilitator, chaperones, and all those who took part in this process, Bushra and Save the Children, UK's Karachi team and all child participants.

Dr Aliya

Save the Children Alliance is an alliance of thirty such organizations working in 100 countries. We have built certain traditions for those children who really could benefit from our activities. All our programmes focus children and ensure children in all these processes. We involve children in our decision making process, they take part in our education and health related activities.

Asad Sumbal

The child participation sometime meant that it is a token exercise, but the government of Pakistan is seriously involving children in all its programmes relating to children. We are convinced that the children themselves could better feel and express their views on issues affecting them. The government is making a plan of action for 10-15 years setting targets in consultation with the children. We organised sessions with children. The government has chalked out a strategy, which focuses on child participation. We will involve you in all core areas of concern to children. We will not only take them into confidence in HIV/AIDS areas, we will take them further in all areas.

Dr Ashraf

UNICEF and Save the Children serve thanks from SACP for organizing such a nice forum for information of the youth. Diseases are categorised in medical science. Some diseases do have treatment and some do not have. HIV/AIDS has no treatment but it could be controlled and stop from spreading. Youth have a special role to play in this field. You can interact and inform your neighbours and school fellow. It is a Jihad and we have to wage it collectively.

Dr Asif Aslam, UNICEF

Thanks are due to everybody on behalf of the UNICEF. When my daughter asked me how AIDS is spread, first I was a little bit upset. But later I felt that if we are not telling the children the issue, we are not protecting them rather putting them on risk. We hope these participation programmes could do better. We need your input for future planning.

Later Dr Ashraf distributed certificates among the participants of the forum.

ENDS....