

International Day of Families
15 May 2005
“HIV/AIDS and Family Well-being”

Background Note

In resolution 47/237 of 20 September 1993, the United Nations General Assembly proclaimed that 15 May of every year shall be observed as the International Day of Families. For 2005, the theme of the observance is “HIV/AIDS and Family Well-being”.

HIV/AIDS is a disease that affects families in a profound and tragic way. When a family member, particularly a parent, becomes sick, weakened or dies, everyone in the family suffers. HIV/AIDS has greatly affected family structure and functions, disproportionately increasing the vulnerability of families living in poverty and in developing countries, which have the vast majority of people infected.

AIDS hinders development, exacting a disastrous toll on the families affected. In the hardest-hit countries, it is erasing decades of health, economic and social progress – reducing life expectancy by years, deepening poverty, and contributing to and exacerbating food shortages.

In 2003, almost five million people became newly infected with HIV, the greatest number in any one year since the beginning of the epidemic. At the global level, the number of people living with HIV continues to grow - from 35 million in 2001 to 38 million in 2003. In the same year, almost three million were killed by AIDS; over 20 million have died since the first cases of AIDS were identified in 1981.¹

The impact on families has been devastating. In many parts of the world, it is not divorce that creates single-parent and step-families, but parental death and orphanhood due to the HIV/AIDS pandemic. New family forms are emerging, such as "skip-generation" families, where the parent generation has succumbed to AIDS and AIDS-related illnesses and the families are made up of grandparents and orphaned grandchildren; and child-headed families, where grandparents are not available to care for orphaned grandchildren. The so-called “generation of orphans” suffers particular vulnerabilities and desperately need special attention. This generation of orphans and the new family forms that accompany it are, and will continue to be, a formidable challenge to policy-making on child and family issues at the national level and in international development cooperation.

¹ UNAIDS, *2004 Report on the Global AIDS Epidemic*, Executive Summary, accessed on 15 April 2005 at http://www.unaids.org/bangkok2004/GAR2004_html/ExecSummary_en/ExecSumm_en_01.htm#P52_599

By 2003, 15 million children under the age of 18 had been orphaned by HIV/AIDS, of whom eight out of ten lived in Sub-Saharan Africa.² Millions more children live in households with sick and dying family members. The effects of the epidemic pervade every aspect of children's lives: their emotional well-being, physical security, mental development and overall health. Children must often drop out of school to go to work, care for their parents, look after their siblings and put food on the table. These children are often much more at risk of facing malnutrition and becoming victims of violence, exploitative child labour, discrimination or other abuses.

The epidemic's impact is particularly hard on women in families -- wives, mothers, daughters and grandmothers -- as the burden of care usually falls on them. Girls drop out of school to care for sick parents or for younger siblings at a higher prevalence than boys. Older women often take on the burden of caring for ailing adult children and later, when they die, adopt the parental role for the orphaned children. They are often also responsible for producing an income or food crops. Older women caring for orphans and sick children may be isolated socially because of AIDS-related stigma and discrimination. Stigma also means that family support is not a certainty when women become HIV-positive; they are often rejected, and may have their property seized when their husband dies.

And yet, families remain remarkably resilient. The strength of families and family networks is instrumental in determining how well individuals and communities are able to cope with the disease and its consequences.

The overall objective of family policy is to promote, protect and support the integrity and functioning of families. Achieving this goal requires the adoption of policies that reinforce healthy family relationships, protect and increase family resources and strengthen the resilience of families in an ever-changing environment. While there is no single format or perspective for the development of family-relevant policies in response to HIV/AIDS, effective policies and programmes should help families to retain and strengthen their economic and care-giving functions.

Strong families remain the first and best line of defense in the prevention of HIV infection, delaying the onset of HIV infection and its progression to AIDS and/or AIDS-related disease, and caring for infected family members who are weakened or dying. Families need and deserve assistance and support, and therefore policies and programmes to fight HIV/AIDS must take account of families and their communities, promoting their efforts to care for their members and ensuring their long-term viability.

Therefore, the types of support required include family-relevant policy options and programmes that can:

² UNICEF, *Childhood Under Threat: The State of the World's Children 2005*, Chapter IV: "Children Orphaned or Made Vulnerable by HIV/AIDS", page 67, accessed on-line on 15 April 2005 at http://www.unicef.org/sowc05/english/sowc05_chapters.pdf.

- identify and strengthen the capacity of vulnerable families to resist becoming affected by HIV, with action taken to change family practices that perpetuate the epidemic and further suffering;
- ensure that families with a member already infected by HIV have the knowledge, skills and means with which to limit further transmission within and outside the family;
- identify and strengthen the capacity of families affected by HIV to delay the onset of AIDS, and to plan and prepare for the eventual progression of the disease and death;
- prevent stigmatization and discrimination within the family and community and by social institutions;
- identify families affected by AIDS, support them in the performance of their family functions, and protect the rights and well-being of the surviving members of families affected by AIDS death, providing family-like environments and other alternatives for children orphaned by AIDS and “deconstructed” families; and
- empower families to sustain economic viability.

Sources:

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