Charity’s mother was sick with AIDS for many months before she died. Charity’s sister and brother, Tanya and Gideon, were kept busy doing the work their mother could no longer do—gathering wood and water, finding and preparing food, washing clothes—and caring for their mother, helping her eat, bathing her, and trying to keep her spirits up.

Tanya and Gideon loved Charity and cared for her the best they could, but they were often too busy or too tired, and sometimes too sad or worried, to give Charity the constant attention that little children thrive on. Also, there was not enough food. Being so little, this affected Charity more than Tanya or Gideon. Sometimes when Tanya and Gideon were away or very busy, Charity stayed at a neighbor’s house where the older children watched over her. They were busy too, and had their own troubles. Sometimes Charity’s questions were annoying, or something frustrated her and it was difficult to make her stop crying. The children got angry when this happened, and sometimes hit Charity. The little girl learned it was better if she did and said little, and just watched them or played by herself.
How young children grow and develop

In their first years of life (from birth to 5), children learn more skills, and learn them more quickly, than at any other time of their lives. It is easiest to see how their bodies and ability to talk usually develop. First children just wiggle, then they crawl, and then they walk and run. First they cry, then they make sounds, then words.

Starting as babies, children also begin to develop their minds and their ability to relate to others. Simple skills in these areas lead to greater abilities. A child reaches with her arm to say she wants something, and later she can ask for it with words or knows where to look for it herself. And she learns to say ‘thank you’ or understands you when you say ‘not now, later.’ As children grow, they learn to think and solve problems.

A child develops by using her mind, body, and senses (seeing, hearing, touching, tasting, smelling) to learn about the things and people around her. Caregivers of babies and young children help them do this safely so their understanding of the world keeps growing.

Areas of development

Every child develops in 4 main areas: physical (body), mental (thinking), communication (gesturing or talking) and social (relating to other people). In each area, a child learns new skills step by step.
Before a child can learn to walk, for example, he must first learn many simple kinds of body control:

1. First he holds his head up and moves his arms and legs.

2. Then he uses his arms and legs to push himself up to sit.

3. While sitting, he reaches, leans, twists, and learns to balance, a skill he needs for standing and walking.

4. Then he pulls himself up to stand.

And before a child can have a conversation with someone, he needs to learn simple communication skills like:

1. understanding simple words and requests
2. using signs or gestures
3. saying simple words
4. using short sentences
Each new skill a child learns builds on abilities he already has, and prepares him to learn other, more difficult skills. So when a child does not learn a skill, this means he not only has problems with that skill, but also with other skills that depend on it. For example if he has problems holding up his head, he will not easily learn skills like sitting or crawling, for which holding up the head is important. Over time, his development falls behind other children his age.

A child’s body and mind develop together. And one simple action may involve skills in all areas of development.

For example, when a child reaches his arms up to you, wanting to be lifted and held, he is using a:

- physical skill—he holds up his arms
- mental skill—he recognizes you
- communication skill—he tells you what he wants
- social skill—he enjoys being held by you

Each child develops at his own pace. But as you spend time with children, you see how most children about the same age have similar needs and abilities. You can better help a child develop, and also better notice problems, when you know what children need and can do at different ages. You can also better help children through difficult times—such as when they or their parents have health problems, worries, or other difficulties from HIV.

The child development charts starting on page XXX can help you understand and explain to others more about what most children are able to do at different ages and in different skill areas.
What can stop or slow children’s growth?
Many things can harm a young child’s development, such as physical disabilities, contact with poisons (for example chemicals, alcohol, or some drugs), and serious illness and malnutrition—which are common problems when a child has HIV. Some serious family or social problems also make growing and developing well difficult for children, such as when:

- the child loses her main caregiver, especially due to illness and death
- the child is forced to leave home or is rejected by her community
- the child or caregiver is depressed
- the child is physically, emotionally, or sexually abused

HIV is not the only cause of problems like these. But HIV causes many families and young children to face these problems which, together or separately, can all harm a child’s early development. But it is possible to overcome the effects of many serious problems. Consider how most children with common physical disabilities are able, with extra help, to grow and develop. Similar efforts can help a child affected by HIV develop.

Remember that children with physical disabilities may also have HIV or be affected by HIV. It can be easy not to think about this if you are focused only on their HIV or only on their disability.
Children with disabilities can develop well with extra help

When a child can see, she naturally reaches for and explores people and objects around her. A child who is blind gets less of this stimulation naturally, and so she may not develop as quickly or as fully. But when family members help a blind child learn to depend more on her other senses, especially touch and hearing, she will keep developing as well as other children.

A child who cannot hear needs extra help to learn to communicate through sign language, gestures, or by reading lips. The child will develop more quickly and fully in all areas if he is helped to communicate, and his family learns to communicate well with him.

Children who cannot move well or control their bodies need help to see what is going on around them, do as much as they can, and be part of family life. This helps them learn to communicate and gain whatever body movements and control are possible for them. Many children given this kind of support are able to develop their abilities to communicate and think as well as a child with no disability.
Some children seem not to learn well. If this is caused by a physical disability, providing extra stimulation and support might help. If the child has no physical disability, or extra support does not help, his mental slowness may be because of harm that happened to him in his brain, either during pregnancy or while he was a baby. Sometimes mental slowness is caused by illnesses that are common for children with HIV, such as malaria, meningitis, or severe malnutrition.

A child’s mental slowness may be anywhere from mild to severe. Many children with mental slowness can learn to take care of their basic needs and do simple work, if given extra help to learn when they are young. Some mentally disabled children will need to be cared for always.

Whenever possible, think more about a child's abilities and how to build on them, and not so much about his disabilities.

For more about helping children with these and other disabilities, see Helping Children Who Are Blind, Helping Children Who Are Deaf, and Disabled Village Children, all from Hesperian.
What helps children grow and learn?

Usually, almost everything children need to grow and develop comes from ordinary life in the family and community. When children do not develop well and need extra help, family members and others in the child’s community can often provide it. The earlier you notice and help with any problems a child is having, the more likely she is to do well.

You can start to see problems with a child’s growth and development in any area—the child’s body, mind, language, or relationships. Children show different signs they are having problems, often depending on how old they are.

A child from birth to age 1

Babies learn about the world through their senses. They respond to faces, voices, and bright colors. They discover their hands and feet, smile, start to understand and say a few words, sit up, crawl, stand, and start to explore and play with objects. During this time of a baby’s life, parents and other main caregivers provide all the child’s basic physical and emotional needs.

What the baby needs:

- the close, responsive attention of a caregiver, which helps the child develop trust
- regular feeding and other physical care, including medicine if needed, and lots of physical affection, including being held, which helps a baby feel secure
- talking, stories, singing, and loving eye contact with the mother or other main caregiver
- physical protection and safe areas to explore, with things to look at, touch, hear, and play with
How HIV may harm a baby’s growth and learning from birth to age 1

Babies with HIV or in a family with HIV often do not do well during their first year. A baby with HIV infection needs more food to grow, so malnutrition is very common. Malnourished babies grow more slowly, are weaker, are sick more often, and are slower to learn to talk and understand things. And when a baby’s mother or father is ill or has died, the baby may not be fed enough or well cared for in other ways.

Untreated HIV infection can make babies so ill that they die before age 1, usually from illnesses such as pneumonia, diarrhea, malaria, and tuberculosis.

When weak and sickly babies are more fussy and difficult to care for, caregivers may, over time, feed them less, communicate with them less, and play with them less than they need to develop well.

A child who is treated with impatience or left alone learns not to expect kindness from people. He may develop more slowly and, as he grows, may keep to himself too much or lash out at others.

Giving babies more food, love, and attention at any point, and starting them on HIV medicines if needed, will help them catch up to others their age. See Chapter 7 for what babies need to eat to be healthy, and Chapters 6 and 8 for when and how to give children HIV medicines.

Paying close attention to and playing with babies can help caregivers too. When a baby responds to attention, the caregiver feels how much he or she matters to the baby. Small ways of showing love for and interest in each other are good for both baby and caregiver. See Chapter 3 on communication.
A child from age 1 to 3

This is when children learn to walk or run, understand and speak words, communicate ideas, and feed themselves. They become more independent and develop friendships, but prefer familiar people. They like to help, can solve simple problems, enjoy learning new skills, and show pride in what they are able to do. Everything they try helps them learn and bit by bit develop more skills. They get frustrated if they cannot do things. Children this age do not understand time well, or concepts such as “life” or “death.”

What the child needs:

- enough healthy food to keep growing well, and medicines or other needed health care
- encouragement, praise, and chances to play, learn, and develop some independence
- people who both listen and talk to him
- protection from environmental dangers, since poisons in paint, pesticides, and air or water pollution can cause permanent damage, especially to young children
How HIV may harm a child’s growth and learning from age 1 to 3

Malnutrition is still a great danger for children these ages. In a family with many children or an overburdened caregiver, children are often not fed individually, and those under 3 are too small to take the food they need. Especially when children go from breastfeeding to eating family foods, care is needed to feed children enough. See page XXX for some ways to do this.

To develop well in both body and mind, growing babies need enough food.

Both malnutrition and too much illness make any child smaller, weaker, and often in pain or discomfort. These all make children less active and less able to explore and learn.

Children with HIV who do not receive treatment with ART often die from AIDS before they reach 3 years of age. A child who is given both ART and enough food can live, grow, and develop well, even with HIV. See Chapter 8 for more about ART.

Children these ages grow and develop well when people in their families love and watch over them closely, give them safe things to touch and play with, keep them away from danger, help them get better when they are ill, answer their questions, and praise their efforts. In many families affected by HIV, there is no one who has the time to guide and care well for the littlest ones.
When caregivers lack enough time, energy, or experience, they may not have the patience or knowledge they need to care well for children age 1 to 3. Families dealing with too much work, illness, death, and worry may respond to a child’s crying or mistakes with frustration and anger rather than understanding and guidance.

When a 2- or 3-year-old child feels loved and secure, she feels more able to explore and try new things, which help her learn. A child who feels less secure, for example because his mother died, will often be less open and curious, and less active in the ways he explores his world and tries to do things.

Be quiet, Kwame, or you will get a spanking!
A child from age 3 to 5

Children who are 3 to 5 years old need a lot of attention. They tend to talk a lot, ask many questions because of how much they still need to learn, and have more abilities, though they still need help with many tasks. They like to play with friends, learn to share, feel angry or guilty if they think they have failed, and become competitive, especially with their brothers, sisters and playmates. They also become more adventurous and copy adults more. Children at this age are curious about the world outside their home.

Talking with them and showing them how to do things help them learn about the world around them.

What the child needs:

- opportunities to do many different kinds of activities, including lots of physical play
- help learning language, through talking, singing, riddles, stories, and being read to
- chances to explore and make choices
- praise when she tries new things or does something well

And of course, enough healthy food and needed medicines to keep growing well.
How HIV may harm a child’s growth and learning from age 3 to 5

A child between 3 and 5 is still in danger from malnutrition, whether he has HIV himself, or his family has less to feed him because of HIV. Childhood illnesses are also still very dangerous for these children, especially children with HIV.

When caregivers are ill, too busy, grieving, or absent, children this age do not get the help, stimulation, guidance, and protection they need to learn and grow.

Often children this age feel they are responsible for anything bad that happens. If someone in the family is sick, a child this age often wants to know why. When a caregiver is uncomfortable or unwilling to talk about this, the child will guess, usually wrongly. Without the help of his caregivers, the child’s understanding of illness, healing, and death are held back, and his relationship with the caregiver will be less strong and trusting. The child may also carry difficult burdens of fear and guilt.

When emotionally upsetting things happen to children these ages, such as the death of a loved one or leaving the place they know, they also may slip “backward” in their development. This means they behave like younger children.

With time and support, children will act their age again. For ways to support children, and help them cope with the death of a parent or other loved one, see Chapters 3 and 4.
A child from age 5 to 8

As they grow older, children show more interest in the world and in people, letters, and numbers. They know more about who they are in relation to others. They are more able to use words to talk about their feelings. They become more physically confident, start to take more responsibility, and they play with others and build trust with friends. They can learn about rules and understand their value, both in games and daily life, and often have strong feelings about what are right and wrong ways to act. They begin to have questions about god or morality.

What the child needs:

- experiences that help him keep developing his language, thinking, and physical skills
- people who will listen to his questions and try to answer them, and who will talk to him about ideas and feelings
- help understanding what the rules are in different situations and how to follow them
- opportunities to learn cooperation and self-control, to take responsibility, and to complete tasks
How HIV may harm a child’s growth and learning from age 5 to 8

Children this age are stronger, but malnutrition and illness can still harm them and interfere with their development.

A child older than 5 is more able to understand HIV, illness, and why people take medicine, and he will have more questions and worries about these things than a younger child. When caregivers are too uncomfortable or unable to discuss these concerns and answer a child’s questions, his learning suffers and he may also feel more worry or guilt.

Between age 5 and 8, children are very social and need playmates, places to play and explore, and ways to participate in family and community life. Because of HIV, others in the community may avoid a child or his whole family because they wrongly fear he will spread HIV. Or a child may lose his parents and have to move away from friends and the places he knows, and into a family that does not accept him completely. Or he may be so ill or tired, or so sad, upset, or withdrawn, that other children do not want to play with him as much. Having fewer friends and fewer other relationships weakens a child’s confidence, and it means he has fewer ways to learn about the world and develop new skills.

HIV often results in families lacking money to send children to school. For children age 5 to 8, school is very important for their learning and relationships.
Older children

Children from about age 8 to 11 and older want to please adults and friends, to succeed at tasks, and they usually have more chores and regular responsibilities, including caring for the younger children in the family. If they must provide this care without the support of parents, it is much harder for them. And the care those younger children get may not be as good. These children are in a time of intense social learning, especially in school. Their developing sense of self-worth can make them feel rejection deeply, and the stigma of HIV, illness, and poverty can be very painful and cause a lot of shame.

These older children are beginning to make closer bonds with people outside the family, such as teachers and friends. Support from these people can be very helpful, and feeling valued by a widening circle of adults helps build a child’s confidence. They also still need reassurance and guidance and still need to act and play like the children they are. Girls need to be able to stay in school—it is common to see girls this age burdened with too much work and childcare, especially in families affected by HIV.

As young people grow into adults, they are working out their personal identity—“Who am I?” “What makes me the same as others, or different?” They can be very emotional, especially as adult hormones begin to surge. They can be very self-conscious and worry about the opinions of their friends and peers.

Young people need to know that it is OK to make mistakes, learn from them, and be forgiven. They also need guidance to understand how risky activities are harmful, along with some degree of hope for the future, in order to care about this. HIV makes many young people live only for the moment. And while they often want and need boundaries or rules, they will also question and rebel against them. This is normal.

A girl may look like a woman, but still be a child in many ways. These years are when girls most feel the need for support and encouragement.
Helping Children Live With HIV

How we can help children affected by HIV

Each chapter in this book has information to help children live, grow, and develop well, even though they are living with HIV or in families that are affected by HIV.

Treat children who have HIV

Nearly all of the problems caused by HIV infection in children can be overcome if the children get treatment for their HIV. This means taking medicines called ART every day. The sooner they start getting treatment, the healthier they will be. For information about how to know if a child has HIV, see Chapter 6. For more about ART treatment, see Chapter 8.

Keep children healthy

For children to be healthy, they need to have enough food to grow, move, and think, water to drink that will not make them sick, extra attention so problems like fevers and diarrhea are treated quickly, access to medicines, and other steps that will prevent illnesses like malaria, worms, and tuberculosis. For more about how to keep children healthy even when HIV is a common problem in the community, see Chapters 7 and 9.

One way to keep children healthy and help them develop well is to stop them from becoming infected with HIV. When parents can keep their babies free of HIV, it helps these children develop to their full abilities. To best prevent HIV infection in babies, and help all children have the best chance to develop well, we should do everything we can to prevent HIV infection in women, before and after they become mothers. For more about HIV prevention, see Chapter 5.

HIV need not spread from a mother to her child during pregnancy and breastfeeding.
Support children emotionally, and play with them

Young and growing children are working hard to make sense of the world and need caring adults to protect them, help them understand the hurtful things that happen, and respond to their changing abilities and needs with encouragement and understanding. How we communicate with children can make a big difference. For ways to support and encourage children, and talk with them about HIV or other things that worry or upset them, see Chapter 3.

Time spent in play is very good for children. When children play, they learn to:

• Use their bodies
• Use their minds and develop their thinking
• Use and develop their language
• Share, and help each other

Play, along with drama, singing, and drawing, can also help children deal with and express feelings about difficult things that happen to them. And play can provide a way for adults to talk to children about their feelings and what they are going through, when children do not have words for these. For some ways to help children use art and play to express their feelings, see page XXX.

Help children grieve

Children need help to understand death and go through the process of grieving, with all the difficult feelings grief brings. For information about how children of different ages show grief, and what you can do to help children cope with the death of parents or other loved ones, see Chapter 4.
Work together as a community

For children to thrive, their many physical, emotional, and learning needs demand care and attention as they grow able to do more for themselves. But many families and households are not able to meet the needs of their young children without support. Some families need financial or income support, some need help getting health care, some need emotional support. Many cultures know the saying, “It takes a village to raise a child,” and it is true!

A healthy community offers support to families in many ways, through different ways of sharing information, resources, and kindness. In this time of HIV, it is important to find ways to seek out the most vulnerable families, and to do this in a careful and respectful way. You probably know who most needs help in your community.

You may also want to think about those families with:

- children with disabilities
- much less money, land, or extended family than others
- a child who was abused sexually
- a caregiver who does things that are illegal, for example a caregiver who uses illegal drugs or trades sex for money or food

For stories and ideas about how communities can organize this kind of support, see Chapter 11. And for information about how sexual abuse is a problem for children affected by HIV, and what to do to help, see Chapter 13.
How to help children have the strength to face difficulties

Some children do well in life even though they live through very difficult times, such as the illness and death of people they love. To help children develop resilience, that is, be able to face difficulties with their own ways of coping, determination, and a positive attitude:

- Accept each child as worthy. Children who feel that people accept and care about them can face difficulties better than those who feel rejected or alone.

- Help a child develop skills. This gives a child confidence, a sense of control, and hope.

- Help a child see the humor in life.

- Give a child the food and medicines her growing body needs as it develops.

These things will help any person be more able to handle difficulties, including caregivers of young children, with or without HIV. Try to treat caregivers with kindness, acceptance, and support, so they will be better able to do the same for their children.