



HIV/AIDS in Turkey and an HIV (+) Child's Right to Education: Turkey's Example

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Summary

In Turkey a majority of the officially identified AIDS patients and HIV carriers were found by coincidence, patients hospitalized for another illness who are tested because of difficulty in diagnosing them and determined to have HIV. As in the rest of the world the effect of the AIDS epidemic on women and children in Turkey has become one of the most important issues in society. Our borders are wide and open and our tourism which is becoming more attractive every day, together with our neighbors who have fallen economies and the continually increasing official and secret migration has made the country risky for AIDS. In this article the "Y.O. Case" that I will explain was the topic of public discussion in Turkey for a long time. It concerns a currently 7 year old child who when he was only 20 days old was given an HIV (+) blood transfusion and the discussion about his "right to education." First because of the case brought against the institution that guaranteed the blood and then later when he reached school are the issue became a topic of discussion for the general public and in scientific circles. Both the characteristics of this case and the general situation of HIV/AIDS in our country will be country will be evaluated. Every year in our country there is a need for 1.5 million units of blood and unfortunately only 1 million 100,000 units of blood are collected leaving a deficit that has never been able to be corrected. There are close to 300 blood donation centers but there are no common standards have been able to be ensured. Together with the failure of blood to be examined in necessary conditions many risks have occurred. In particular recently contracting viruses such as HIV and Hepatitis after a blood transfusion has aroused suspicion and fear in people.

Key Words: HIV, AIDS, HIV/AIDS in Turkey, HIV (+) Child's right to education.

Özet

Türkiye'de resmi olarak açıklanan AIDS hastası ve HIV taşıyıcılarının büyük bölümü tesadüfen, başka bir hastalık nedeniyle hastaneye yatıp tanı koyulmakta güçlük çekildiği için, test edilip belirlenebilen vakalardır. Sağlık Bakanlığı tarafından 2002 yılında resmi olarak açıklanan 1429 olgunun gerçek rakamları yansıtmaktan uzak olduğu bilinmekte ve bunun nedenleri sıklıkla tartışılmaktadır. Tüm dünyada olduğu gibi Türkiye'de de kadın ve çocukların AIDS epidemisinde etkilenmeleri artık toplumun en önemli sorunlarından biri haline gelmektedir. Türkiye'de ilk olgular 1985'te görülmüştür. Geniş ve açık sınırlarımız, her geçen gün daha cazip hale gelen turizmimiz, ekonomisi çökmüş komşularımızla birlikte artarak devam eden resmi ve gizli göçler ülkemizi AIDS yönünden riskli bir ülke haline getirmektedir. Makalede anlatacağım vaka Türk kamuoyunu uzun süre meşgul eden "Y.O. Vakası" HIV (+) kan transfüzyonu nedeniyle virüsü henüz 20 günlükken almış, şimdi 7 yaşında olan bir çocuktur. Önce kanın temin edildiği kuruma karşı açılan dava nedeniyle, daha sonra da okul çağına geldiğinde eğitim hakkı üzerine yapılan tartışmalarla genel kamuoyunun ve bilimsel çevrelerin gündemine girmiştir. Ülkemizde her yıl 1,5 milyon ünite kan toplanması gerekirken ne yazık ki, 1 milyon 100 bin ünite kan toplanabilmekte ve bu açık bir türlü kapatılamamaktadır. Sayıları 300'e yaklaşan kan merkezlerinde ise ortak bir standart sağlanamamıştır. Kanın gereken koşullarda incelenememesi beraberinde birçok risk de getirmektedir. Özellikle son dönemde kan nakillerinin ardından HIV, Hepatit gibi virüslerin bulaşması insanlarda kuşku ve korku uyandırmaktadır.

Anahtar Kelimeler: HIV, AIDS, Türkiye'de HIV/AIDS, HIV (+) çocuğun eğitim hakkı.

A school doctor, principal or any teacher or other personnel who has knowledge of a child being HIV (+) is absolutely required to keep the information confidential



In the past 30 years we have learned so much as mankind from the AIDS illness and from AIDS patients, we have advanced so far in understanding others and ourselves and perhaps we have also changed a lot from the aspect of AIDS and in the process of fighting it, and we have changed our world so much. However as the event that I will share with you was experienced, in reality things have changed so very little! In this article I will explain the things said by authorities that didn't reflect reality, the loss of trust, the exhaustion of cooperation with reality and the tragedy of a family with a 7 year old child who carries the HIV virus and is trying to obtain his right to education with this reality. In particular as a mother and then as a physician and medical ethicist, filled with confusion and feelings of rebellion, I could not stay silent any longer in the face of all this. Here is what an HIV (+) child in Turkey experienced! There is a lot that all of us can learn from this case.

Example Case

Y.O. was born prematurely 7 years ago at Izmir Public Hospital. At the Children's Hospital where he was taken for treatment Y.O. was given blood from the Red Crescent Blood Center. However it became clear 8 months later that he was HIV (+). In 1998 the case brought by Y.O.'s family against the Red Crescent was concluded and the Red Crescent was required to pay a large settlement. This year Y.O. became 7 years old and was registered at the primary school in the neighborhood where he lives but the parents of the other students in his classroom recognized the little child and did not want to send their children to the same school. First the Province Education Ministry and later the Governor's office intervened in this situation. Let's look at the approaches to this event by the institutions and people involved in this case that has been a topic of public interest in Turkey for a long time.

The Province Director of Education made clear that the government stands as the protector of the HIV virus carrier Y.O. and would make every attempt to educate him and said

this: "Our personnel at the Education Ministry Guidance and Research Center are meeting with the family. They are trying to clarify what is necessary to be able to educate this child of ours. The thoughts of the family are also very important here. After the guidance personnel meet with the family and a joint decision is made, how Y.O. will be educated will be determined. The education of this child of ours will definitely continue. We will arrange for his education perhaps at school together with the other students, perhaps alone in a classroom, perhaps in another province or at home with a guidance teacher."

However Y.O.'s mother who made clear the cruelty of her son's exclusion said this:

"For years we have experienced the nightmare from the Red Crescent's AIDS infected blood. May those who forced us into this fate be embarrassed. We are trying to deal with all the difficulties with those closest to us and with our families who have supported us every moment. But we expect the government to help us with problems that we cannot overcome. My son has a right to education. This is what we want. They have reports from physicians that make it clear that the virus is not contagious in a school and classroom environment. These are being ignored. Hepatitis B and C illnesses are more risky than AIDS. And even more the percentage of the public who are carriers is very high. This is also infectious with blood. Have them require a report from every student and let's see how many will show up. Then what will happen, what will be done? Will those children be excluded because of the risk of Hepatitis infection with blood? But the reality for us is that in spite of our rights we have been forced into a bad fate because of something we had nothing to do with." The mother explained that her son was very affected by all these events, that she tries to keep many things from him, that her son has always wanted to go to school and she has been forced to lie to him with "school holiday" or "weekend" lies. The mother continued on to say the school management and teachers exaggerated the incident

because they were not knowledgeable about AIDS and “if the school principal and teachers had been knowledgeable these things would not have occurred. At the beginning only one parent was against it. As others heard about it more people were in opposition. If we don't get the result that we want at the end of the discussions we will first apply to court. If it doesn't happen with that either we will go as far as the European Commission on Human Rights. We are demanding our rights.”

The child's father however said that they would evaluate different proposals that had been recommended but that he believed that the healthiest method would be for his child to be in a school environment. “This child is a citizen of the Turkish Republic. This is a legal government. I want my child to benefit from his right to education, it is my most natural right to want this,” he said. He said that they definitely do not accept that the child be educated at the hospital or at home alone and that the incident had reached this level because the management and teachers were not knowledgeable about AIDS. “We tried education at the hospital last year. The child began to have difficulty speaking and stuttering. The other seriously ill children had a negative effect on him,” he said.

A group of parents waiting for the decision in front of the school said that they were very sorry for the family's situation but that they also had rights. One of the parents said, “I don't want him at the same school with my child, I am upset. If they had been in my place they wouldn't have accepted it. I can't send my child to school for 8 years under the risk every day. Please let them give us our rights too.” The other parents also stated that this situation is a real tragedy but it is the duty of the Education Ministry to find a solution that will satisfy all sides.

Y.O.'s lawyer stated that the students' parents at the school need to be informed and that education is little Y.O.'s natural right. The lawyer made clear that HIV is not infectious in a school setting from saliva or sweat and said, “The parents need to be informed. The child has been in a family for 7 years and no one else in the family has the virus. Children

with the HIV virus are not treated differently in Europe. They receive education in the same setting as their other friends.”

Relying on the report by the commission at the Medical Faculty Hospital and the Province Health Ministry, an announcement was made that the HIV virus that the student carries is not contagious by contact with blood in the classroom or social life. The Education Ministry, relying on this announcement, said that Y.O. would continue his education normally together with his peers in his own classroom, that the school would be given necessary instructions about this subject, that, in addition, all precautions would be taken to prevent any infection by blood and that they would continue to try and inform the parents and students on this subject. From the other side, the father, after hearing about the decision from the news channel, stating that he was very happy with the decision, said “but what will the parents' reaction be? We think that the reaction of parents will continue. We are prepared to deal with every obstacle that we face to our child continuing to go to school.”

The Y.O. case is important because it raises the issue about an HIV (+) child's right to education for the first time in our country. Because it is the first it has also made necessary discussions about the ethical and legal aspects of the event and the determination of an attitude about the event. From the aspect of developing societal sensitivity it was important and necessary for these discussions to occur on different planes. Of course there is a lot that can be learned from the experiences of other countries. When these countries' experiences are examined, in general, it is seen that discrimination will not occur against children who carry infectious illnesses or chronic illnesses and that their education will continue like the other children in the same classrooms and the same desks.

In the Turkish Republic, which is a democratic, secular and socialized legal state, the superiority of the law is educational services, like the administration of the country, is also the essential foundational element. It is stated in our Constitution that individuals have untouchable, irrevocable, essential, basic

A HIV test cannot be required for students to register at any private or public school or dormitory



rights and freedoms and that there is a right and obligation to education. The 42nd article of our Constitution by stating that, “no one can be denied their right to education, primary school is mandatory and state schools are free. Scholarships and other needed assistance will be given from state financial resources to needy successful students so they can continue their education; necessary provisions will be made for private education and for the training of indigent under protective custody” gives the duty to the state to facilitate education. This is because the right to education is affected greatly by social and economic conditions. For people in this condition to benefit from their right to education that is guaranteed by the constitution it is necessary for the state to facilitate it (Akyuz, E. 2000).

The National Education Foundational Law Number 1739, which defines the general purpose and basic principles of the Turkish education system based on the provisions in our Constitution, was accepted by the Turkish Grand National Assembly in 1973 and put into practice. With this law, while the right for individuals to be trained and educated is being used the principles related to ensuring to everyone equal opportunity and possibility in the framework of generality and equality and organizing democratic and secular education are defined and the purpose of training individuals who have the strength of free and scientific thinking, developed personalities and show respect for “human rights” is defined (Balci, M. 1998).

Thoughts About This Case and Some Inferences

This child, who is only 7 years old and who has been forced to experience not only bad luck with his health but also being excluded from society has experienced difficult feelings such as guilt and rejection, belongs to us as a society but is primarily the responsibility of the government. When he was only 20 days old he became infected with the HIV virus from infected blood he received from the Red Crescent Blood Center and this could have happened to any of us, but the responsi-

lity must also be shared by the institution that gave HIV (+) blood. As for the school coming to the modern age because of our uninformed and irresponsible educators' tight mouths (!) (the related school management and teachers) and with the support of our “interested and curious media” (!) there is no one left in Turkey who doesn't know him. When the other students' parents in Y.O.'s class recognized the little child and didn't want their own children to attend the same school the Education Ministry and Governor's office took action about the incident and after a long discussion and meetings with specialists decided that there was no problem with the child continuing to go to the school.

So now what will happen? Will the discrimination against the child end? Now and later in his life as a citizen will he be given his rights in the Turkish Republic's government? For example how will he be met by a physician or dentist that he goes to for a health problem, will he be able to achieve health services that honor him as a human? How will his later educational life and private life be affected? Behind these questions for which we all know well the answers lie concerns that need to be heard both about social ethics and human rights.

So in general what is the situation for people with AIDS in our country? What do they face when they need treatment? Are they able to have education in the manner and place that they want? How are they treated when the situation comes out in the open? Yes, they also have the same rights as all citizens at least in theory. However in practice society's attitude is against them and most of the time creates and increases a clear risk for HIV. Don't some of the cruel and belittling attitudes that they are exposed to open the way for an increase in the HIV risk in all of society? All of these problems, which are related to specific rights or groups of rights and are in the abyss between the theoretic right and the concrete reality, are represented in the HIV risk area that arose and grew.

While mentioning protecting oneself from AIDS and supporting those who have been infected in the scientific/academic environ-

ments in this way, when complaints come from careless people in authority and insensitive political leaders, what are we, each of us as individuals, but particularly we women, female physicians, and mothers in this special incident, doing? What are the mothers of the other students at school feeling, whose responsibility is it to deal with this in an organized way? Why aren't we doing the things that we need to do? Before everything on this path, we are in the situation where we need to put forward what we discover on this personal, societal and world path, where this illness has come from, we need to examine with a critical eye where we are and where we are headed and define the "personal attitude problem" about AIDS. Why? Not because one day the point comes to us, touches our children, our loved ones, not so that 7 year old children and their families won't have to experience this tragedy, but because enlightening society about this subject and education begins with a woman and can only be started with women!

Being married and the wife of one husband is not a reliable precaution against AIDS. In fact in some countries being married and the wife of one husband is seen as a risk factor for HIV infection. To understand this it is necessary to examine the life truths that women are face to face with. The first is the risk that women face being tied to the attitude of their partners. In Morocco 45% of the seropositive woman were infected by their husbands. Second, most women do not have experience with sexual relationships, a woman in a marriage with physical violence or risk of divorce (not seeking legal recourse or not having a guarantee of property), even if she is knowledgeable about AIDS, and even if she has a condom in hand and even knowledge that her husband is seropositive can be left destitute from acting strongly. In the example of a woman who refuses a sexual relationship that is not protected or that she doesn't want with her husband we need to examine what her real choices are, the difference between a theoretic choice and her power to make choices for actions in the real world create the real difference. For these reasons with women a

solution is not found with posters that explain HIV, with information campaigns or with distribution of condoms. The main problem is not technical or virologic, it is in women's demeaning role and status. While the rights and honor of women is not respected society creates an increasing opening for HIV (Mann, JM).

The opening for the illness (and the deprivation from therapy) however is in large measure related to the structure of society. Those who show the least respect for rights (in the sense of human rights) and for the honor of people are those most vulnerable to the illness. This can be seen in the USA where the disease in an increasing manner has reached minorities, city poor people, drug addicts and women. In Brazil the disease, which began in the "jet set", has become epidemic in the men and women in the favelas in the regions of Rio de Janeiro and San Paolo. AIDS that is seen since the foundation in Ethiopia with the elite layers like influence has rapidly become a disease of the poor and those deprived of every right. In France AIDS has gradually been excluded and it effects those who live on the edge of society. In medical ethics literature these are the groups that are defined as "groups that can be affected" and are emphasized in special need of having their rights protected! Those at the head of this list are the poor, children, the elderly, the deprived and women (Mann, JM).

Women, Children and HIV/AIDS

There are 33.6 million people still living in the world with HIV/AIDS and of these 1.2 million are children under 15 years of age. Since the beginning of the HIV/AIDS epidemic until today 3.6 million children are of the 16.3 million people who have died. Today 46% of those living with HIV/AIDS, that is 14.8 million, are women. In 1999 of adults newly infected 46% were women. There are more men infected with HIV but more women have died from AIDS. Since the beginning of the epidemic until now 49% of the adults who have died were women, in 1999, however, 52% of the adults who died from HIV/AIDS were women. In conclusion women are infected with

**The fight
against
discrimination is
the basis for
programs to
prevent
HIV/AIDS**



the disease and are responsible for the care of children and other adults who have the disease and are being increasingly coming under the burden of this disease (UN, 2000).

The majority of patients with HIV/AIDS live in regions are underdeveloped where the spread of the disease is not controlled and which have health care systems with insufficient economic resources. At the end of 1999 approximately 95% of all people with HIV/AIDS and 97% of those infected in 1999 are in developing regions. It is estimated that 20% of the 1.4 million HIV/AIDS patients in Western Europe and North America are women (UN, 2000).

There is no doubt that sexual inequality is a factor that has increased the spread of HIV that led to the epidemic (Gupta, 2002). HIV/AIDS clearly shows how the interaction between sexes biologically and socially brings about greater risk for women. The risk of becoming infected with HIV/AIDS during unprotected heterosexual sexual relationships is four times greater for women compared to men. During heterosexual sexual relationships there is more mucosal surface area of women that is exposed to the HIV virus and when the male sperm is compared to the vaginal secretions there is a higher concentration of HIV virus in the sperm (WHO/SEARO, 2000). In addition the imbalance of power between men and women can create an obstacle for women using their own rights and autonomy (UN, *The World's Women 2000*). Although there is a difference in the risk potential for women with only one partner, they can be exposed to HIV/AIDS and other sexually transmitted diseases (STD) from being continually with their male partner. While emphasizing that high-risk sexual relationships are a risk factor for them, for women just being married can be a risk (WHO/SEARO, 2000). Many housewives in our country with one partner have had unprotected sexual relationships and have contracted the virus through their husband who is a carrier of the virus and the majority continue to live without knowing that they carry the virus. Our physicians are drawing attention to the fact that the overwhelming majority of cases in our co-

untry (75% for Istanbul) have no health insurance and are poorly educated.

Throughout the world it is accepted that prostitutes, the majority of whom are women, are at high risk for HIV/AIDS. The majority of prostitutes do not have the autonomy to practice safe sex. Women who trade/bargain for sexual relationships may be in worse situations and may not have the choice for condom use or the luxury to obtain them.

It is thought that in Turkey sexually transmitted diseases and HIV are in principle transmitted through unprotected heterosexual sexual relationships. The illegal prostitutes are believed to be the "most important core group for HIV and other sexually transmitted diseases (Ozarmagan, 2001). Although houses of prostitution, which are organized by the public, have records for the workers in them and have mandatory examinations for sexually transmitted infections, prostitution is officially against the law. According to official records there are 450 registered prostitutes in Istanbul that has a population of 12 million (Ozarmagan, 2001). The majority of Turkish and foreign prostitutes in Turkey work unrecorded and the use of condoms is rare. While the use of condom use by registered prostitutes may be slightly more insistent those who are not registered are not in a position to be insistent.

The transmission of HIV from mother to child is a serious and increasing global concern. There is a 15-25% of transmission of the virus from infected mother to child in risk-developed regions and the percentage is 25-35% in developing regions. One third of babies who acquire the virus are infected while in the uterus, one-third during birth and breastfeeding and the remaining third are infected through breastfeeding. In this way breastfeeding, particularly for indigent mothers in developing regions, becomes an insolvable problem. The majority of women is not able to obtain nutritional alternatives to mother's milk or is not able to find the necessary clean water or other material for the preparation of formula. In addition mothers who decide not to breastfeed may be stigmatized. Discrimination against the condition of being HIV posi-

ve can lead to being cut off from social relationships, violence and abandonment (UN, 2000).

HIV/AIDS in TURKEY

In Turkey because there are inadequate precautions taken regarding sexually transmitted diseases and insufficient education programs about them HIV/AIDS has begun to become a big problem. However because the health record system in our country, particularly on the subject of sexually transmitted diseases does not work adequately and because of the disease's long symptom-free period it is believed that the real numbers are much higher than reported. The first case was diagnosed in Turkey in 1985 and the number of cases since 1992 has increased manifold (Table 1).

Reasons for increasing numbers of HIV/AIDS cases in Turkey can be listed thus:

- The country's young population,
- Limited information about sexually transmitted diseases,
- Developing tourism sector in our country and tourists coming from Eastern Block countries where HIV/AIDS is seen frequently increases the possibility of contracting the disease from these people,
- Increase in number of Turkish citizens working outside the country,
- Steadily increasing use of IV drugs.

According to the Turkish Republic's Health Ministry data on June 31, 2002, there were 1429 HIV/AIDS cases in our country (T.C. Sağlık Bakanlığı, 2002 data). 431 of these have reached the AIDS stage and 998 people are HIV positive. However because people do not go to health facilities sufficiently for sexually transmitted diseases in particular and because the record system is not working adequately it is assumed that this number is not a reflection of reality (Table 1). International institutions also do not trust the official data related to Turkey's health problems. The United Nations AIDS Commission (UNAIDS) contradict the Health Ministry AIDS data and have deter-

mined various factors according to countries' transparent, technology level that place Turkey between poorly developed and developing countries and arrive at striking data with the official numbers. According to this it emphasizes that the real data is 7 times the official numbers of AIDS patients in Turkey.

In our country only blood donors are seriously screened. The number of centers where one can be tested for free and receive counseling is small. Because to be HIV (+) or have AIDS in society has the effect of creating panic, people avoid these kinds of tests and if they receive a positive result at a private center when possible they prefer to keep it secret. Our experts hospitalize patients with AIDS like symptoms but do not investigate the condition with respect to HIV, that is, it can be said that many cases have been discharged ignoring this possibility. In addition cases in our country at the AIDS stage, that is, the end of a long process of being HIV positive, come to the hospital at the stage of full blown symptoms; in the potentially long period before

TABLO 1 Distribution of Cases of HIV/AIDS in Turkey By Year (T.C. Sağlık Bakanlığı-MoH, 2002 data)

Year	Case	Carrier	Total
1985	1	1	2
1986	2	3	5
1987	7	27	34
1988	9	26	35
1989	11	20	31
1990	14	19	33
1991	17	21	38
1992	28	36	64
1993	29	45	74
1994	34	52	86
1995	34	57	91
1996	37	82	119
1997	38	105	143
1998	29	80	109
1999	28	91	119
2000	46	112	158
2001	40	144	184
2002	27	77	104
Total	431	998	1429

these people's symptoms emerged it is known that they lived unaware that they were contagious.

The most cases of HIV/AIDS in Turkey can be seen in the 20-49 age group and 69% are male and 31% female (Table 2). An examination of the place where they live shows that 25% have a permanent residence outside the country and in 53 different provinces; the most frequently listed were Istanbul, Ankara and Izmir.

When the HIV/AIDS cases in Turkey are examined according to method of transmission, 50.9% were from heterosexual sexual contact, 7.55% from homosexual sexual contact, 6.92% from IV drug dependency, 2.87% in transfusions, 1.4% from mother to baby, 0.63% hemophilia patients and 29% are unknown. The large percentage of 29% shows a notification deficit that displays the difficulty in determining the extent of the epidemic in our country (Table 3).

In 1985 the presence of antibody tests made it mandatory for all blood and blood products everywhere in the world to be tested for HIV before being given to the patient. In Turkey since 1987 all blood and blood products given to patients after they are checked by the ELISA method for antibodies and for this reason there are few who have contracted the disease from blood and blood products. However it is reported that because the disease has a window period, and because of emergency situations when untested blood and blood products are used, although the

TABLO 2 Distribution of HIV/AIDS Cases in Turkey According to Age and Sex (T.C. Saglik Bakanliđi-MoH, 2002 data)

Age Groups	Male	Female	Total
0	6	1	7
1-4	2	4	6
5-9	3	7	10
10-12	3	1	4
13-14	1	1	2
15-19	13	26	39
20-24	95	114	209
25-29	157	78	235
30-34	209	60	269
35-39	141	33	174
40-49	144	40	184
50-59	70	31	101
60+	35	14	49
Unknown	102	38	140
Total	981	448	1429

percentage is small there are still transmissions that occur by this method. Every year in Turkey 1.5 million units of blood are needed to be collected but unfortunately only 1 million 100,000 units of blood are collected leaving a deficit that has never been able to be corrected. The second problem is that there is no common standard in the almost 300 blood centers. In situations where blood is needed together with the failure to examine it carries many risks. In particular recently suspicion has been aroused in people about contracting viruses such as HIV and Hepatitis after recei-

TABLO 3 Distribution of HIV/AIDS Cases According to Method of Infection and Sex (T.C. Saglik Bakanliđi-MoH, 2002 data)

Method of Infection	Male	Female	Total
Heterosexual sexual contact	396	332	728
IV drug users	92	7	99
Homo/bisexual sexual contact	108	0	108
Transfusion recipients	25	16	41
Infected mother to baby	11	9	20
Hemophilia patients	9	0	9
Homo/bisexual sexual contact and IV drug use	5	0	5
Unknown	332	83	414
Total	981	448	1429

ving blood transfusions (Ergör G., Serdar B., 1998).

Discrimination in Our Country

From October 1, 1985 until June, 2002 there were 1429 people living in Turkey with HIV/AIDS. 1154 of these are Turkish and 275 are foreigners. 998 of the 1429 people have HIV (+) and 431 have the diagnosis of AIDS disease. The number of children under 15 with AIDS is 29 (Protection of Human Rights and Public Freedoms in the Prevention of AIDS, 1999).

As in the entire world there is a fear of AIDS in our country, which is a reason for blaming and discrimination of those who have HIV/AIDS. These people are blamed for spreading the microbe in society; in particular some marginal groups who are shown to be the source of the illness are blamed for this. Almost every day this illness is shown with prostitutes, transvestites and drug addicts in visual press media as if it is a particular group's illness and those who do not have relationships with those groups feel safe. The societal insensitivity that results from this is one of the biggest obstacles in the path to finding a solution. Social, cultural and religious factors that define sexuality in our country, having uncontrolled and secret relationships, societal pressure and blame complicate the situation even further. On the subject of HIV carriers lack of information and knowledge about the subject creates a situation where it is possible to see on one hand the insensitivity that "nothing can happen to me" and on the other "I don't even want to be in the same room." The drive to protect society is at the root of this blaming, exclusion and discrimination but it is an attitude that has no scientific basis. This situation interferes with people who are suspected of having the disease receiving health care and guidance because of discrimination and blaming and makes it easier for the disease to spread. However the method of transmission of HIV/AIDS is clear, it cannot be spread with normal daily relationships, there is no report of a student who was infected by an HIV carrier classmate. For this reason it is

not necessary for their human rights and personal freedoms to be limited. Discrimination interferes with the attempts to prevent the illness in the same way that it causes intolerable life conditions in those who experience this illness. In this way the fight against discrimination is the basis for programs to prevent HIV/AIDS.

Institutions that have functions in the legal, health, social aid and insurance areas are in the situation of considering ethical principles such as respect for personal autonomy, maintaining confidentiality, and ensuring social aid and support. In addition these cultural, educational and religious institutions should also be in dialogue with official and civilian social institutions on the subject of HIV/AIDS; they must be sufficiently informed and have adequate sensitivity about the subject. A HIV test cannot be required for students to register at any private or public school or dormitory. Children who are known to be HIV (+) cannot be kept away from school. It is not necessary or required for the school administration to be informed about the child's health. A school doctor, principal or any teacher or other personnel who has knowledge of a child being HIV (+) is absolutely required to keep the information confidential. In our example all of the child's rights were abused from the beginning (AIDS Fight Society, 2002).

Result

We need to look at the problem principally as one of human rights and respect for a person's honor. As societies we are obligated to develop and protect these rights. As professionals in the health care field we have a specific and important part in the cooperative need for comprehensive societal action: There is a threat to all of our rights when one person's rights are not respected, when the health of a fellow citizen has been able to deeply effect another, another in the society or another peer.

With the hope that HIV carriers will be kept from all kinds of discrimination, when created that societal functions will proceed as

people that they will live in a society that prevents all kinds of discrimination and with the expectation to take a part in the responsibility for this!

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