

A Study on Situation Analysis of HIV/AIDS Infected, Affected and Destitute Children of Rural Area between Namakkal and Dindigul Districts, Tamil Nadu, India.

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ABSTRACT

Background

The epidemic of HIV/AIDS has sown its stressful impacts upon the HIV/AIDS infected persons and their families particularly among their children. These children have to suffer a lot in their life without care security and support. Either they become orphaned or live with their single parents. HIV/AIDS infected persons are subjected to social stigma and discrimination and so the children. As per Census 2011 India has 16.45 Cr children in the age group 0-6 years and 37.24 Cr in the age group 0-14 years. The children who had been acquired the HIV/AIDS infection or their parents with the syndrome have to struggle living their life without adequate nutrition, education and protection even if they hail from extended family system since they succumb to the stigmatization. The estimated prevalence of HIV/AIDS among 15 to 49 age group was 0.22% in 2017. 87.58 thousand People were newly infected with HIV/AIDS in 2017 while 69.11 thousand PLHIV died from AIDS related causes in the same year (HIV estimation 2017 technical report NACO). Tamil Nadu is one of the high risk state of HIV/AIDS. The adult HIV prevalence among 15-49 years old people has declined in Tamil Nadu and the point prevalence is consistent with India (0.22%). In Tamil Nadu 6000 children are currently under antiretroviral therapy. But there is no exact statistics about how many children had been affected or orphaned by HIV/AIDS due to the death of parents or single parent. These children may not be able to avail the services entitled by the legislation promulgated for the welfare of the children due to various reasons like lack of awareness about the law, services provided to the children and accessibility of service delivery etc. According to the main report volume -1 of the Review committee of the Child Care Institution, Ministry of Women and Child Development, Govt. of India (September,2018) 744 children who were affected/infected by HIV/AIDS were residing in the Child Care Institutions of Tamil Nadu state. Out of 744 children 131 boys and 204 girls were infected by HIV/AIDS. In absence of care and support the children become destitute and face many threats in their childhood by means of stigma and discrimination which in turn weakens social support system and impact on their life. Hence it necessitates the Government and civil societies to come out with a solution to the struggle of the HIV/AIDS affected/infected and destitute children to live their life with dignity and care and support as others. In this context the study is intended to analyze the situation of the HIV/AIDS infected, affected and destitute children in rural area of Namakkal and Dindigul districts. The focus of the study was analyzing and understanding the situation of the HIV/AIDS affected, infected and destitute children who are poor and living in the rural area of Namakkal and Dindigul Districts.

KEYWORDS: HIV AIDS, CAA, CIA, destitute children, situation analysis

OBJECTIVES OF THE STUDY

1. To review the living conditions of the HIV/AIDS infected, affected and destitute poor children in rural area.
2. To understand the linkage between unawareness and poor reproductive health practices among the adolescent children in the context of HIV/AIDS.
3. To understand the factors influencing the education of the HIV/AIDS affected, infected and destitute adolescent children.

STUDY DESIGN

The study is a comparative analysis descriptive study conducted among the HIV/AIDS affected, infected and destitute poor children living in the rural area of Namakkal and Dindigul districts. The sample universe is 60 (adolescent) children (30 from Dindigul and 30 from Namakkal districts) both male and female, in the age group of 14 to 17 years, Children affected by HIV/AIDS (CAA), Children infected by HIV/AIDS (CIA) and destitute of HIV/AIDS. The universal sampling technique was adopted to collect information from the respondents. The data collected were computed and analyzed and the findings were compared and described in terms of proportions and percentage. A structured schedule was prepared with due care to collect required data for the study and then pre tested among for reliability and validity for collecting data and necessary modifications were carried out in the study tool and used to collect data from the study universe.

Conclusion

This study on comparative situation analysis of HIV/AIDS infected, affected and destitute poor children in rural areas in Namakkal and Dindigul districts was undertaken with a view to analyze the situation of the HIV infected, affected and destitute children and compare. The findings of the study explained the educational needs and assistance required to continue the education of the respondent children. The study also brought out the importance of educating the children on reproductive health, sex and sexuality. These children are willing to participate in extracurricular activities such as sports and music etc. This will enhance their social mobilization and come out of social stigma and discrimination.

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I. INTRODUCTION

The epidemic of HIV/AIDS has sown its stressful impacts upon the HIV/AIDS infected persons and their families particularly among their children. These children have to suffer a lot in their life without care security and support. Either they become orphaned or live with their single parents. HIV/AIDS infected persons are subjected to social stigma and discrimination and so the children. As per Census 2011 India, has 16.45 Cr children in the age group 0-6 years and 37.24 Cr in the age group 0-14 years. The children who had been acquired the HIV/AIDS infection or their parents with the syndrome have to struggle living their life without adequate nutrition, education and protection even if they hail from extended family system since they succumb to the stigmatization. The estimated prevalence of HIV/AIDS among 15 to 49 age group was 0.22% in 2017. 87.58 thousand People were newly infected with HIV/AIDS in 2017 while 69.11 thousand PLHIV died from AIDS related causes in the same year (HIV estimation 2017 technical report NACO). India has estimated that 1.45 lakh children below the age of 15 years are infected with HIV/AIDS. Tamil Nadu is one of the high risk states of HIV/AIDS. The adult HIV prevalence among 15-49 years old people has declined in Tamil Nadu and the point prevalence is consistent with India (0.22%). In Tamil Nadu 6000 children are currently under antiretroviral therapy. But there is no exact statistics about how many children had been affected or orphaned by HIV/AIDS due to the death of parents or single parent. The children have to overcome with certain situations which are unfavourable to them. The situations which victimize the children are sexual abuse, trafficking, child marriage, illegal adoption, pornography and HIV/AIDS. The children of PLHIV are also found orphaned or abandoned. These children may not be able to avail the services entitled by the legislation promulgated for the welfare of the children due to various reasons like lack of awareness about the law, services provided to the children and accessibility of service delivery. According to the main report volume -1 of the Review committee of the Child Care Institution, Ministry of Women and Child Development, Govt. of India (September,2018) 744 children who were affected/infected by HIV/AIDS were residing in the Child Care Institutions of Tamil Nadu state. Out of 744 children 131 boys and 204 girls were infected by HIV/AIDS. In absence of care and support the children become destitute and face many threats in their childhood by means of stigma and discrimination which in turn weakens social support system and impact on their life. Hence it necessitates the Government and civil societies to come out with a solution to the struggle of the HIV/AIDS affected/infected and destitute children to live their life with dignity and care and support as others. In this context the study is intended to analyze the situation of the HIV/AIDS infected, affected and destitute children in rural areas of Namakkal and Dindigul districts.

Objectives of the study

The focus of the study was analyzing and understanding the situation of the HIV/AIDS affected, infected and destitute children who are poor and living in rural areas of Namakkal and Dindigul Districts.

1. To review the living conditions of the HIV/AIDS infected, affected and destitute poor children in rural area.
2. To understand the linkage between unawareness and poor reproductive health practices among the adolescent children in the context of HIV/AIDS.
3. To understand the factors influencing the education of the HIV/AIDS affected, infected and destitute adolescent children

II. METHODOLOGY

Study design and sample size

The study is an analytical and comparative descriptive study conducted among the HIV/AIDS affected, infected and destitute poor children living in the rural area of Namakkal and Dindigul districts. The sample universe is 60 (adolescent) children (30 from Dindigul and 30 from Namakkal districts) both male and female, in the age group of 14 to 17 years, Children affected by HIV/AIDS (CAA), Children infected by HIV/AIDS (CIA) and destitute of HIV/AIDS. The universal sampling technique was adopted to collect information from the respondents. The data collected were computed and analyzed and the findings were compared and described in terms of proportions and percentage.

Tool of the study

A structured schedule was prepared with due care to collect required data for the study and then pre tested among the respondents for reliability and validity for collecting data and necessary modifications were carried out in the study tool and used to collect data from the study universe. The respondents were given explanation about the purpose of the study and got their acceptance to interview them in both districts. The study tool had been divided into four sections. Section A dealt with general condition, Section-B concentrated on assessment of socio-economic and health conditions of the children, Section-C about knowledge on reproductive health and interest to understand about sex and sexuality and Section-D gave attention to future needs of the children related to their education.

III. DISCUSSIONS

This study aimed to analyze and compare the situation of the HIV/AIDS affected, infected and destitute children who are poor and living in rural areas of Namakkal and Dindigul Districts.

Table 1. HIV/AIDS status of children

Basic information	Namakkal		Dindigul	
	No. of children	%	No. of children	%
Gender				
Male	14	46.67	14	46.67
Female	16	53.33	16	53.33
Total	30	100	30	100
Status of children in HIV/AIDS				
HIV infected children	7	23.33	3	10
HIV affected children	15	50	22	73.33
Destitute children	8	26.67	5	16.67
Total	30	100	30	100

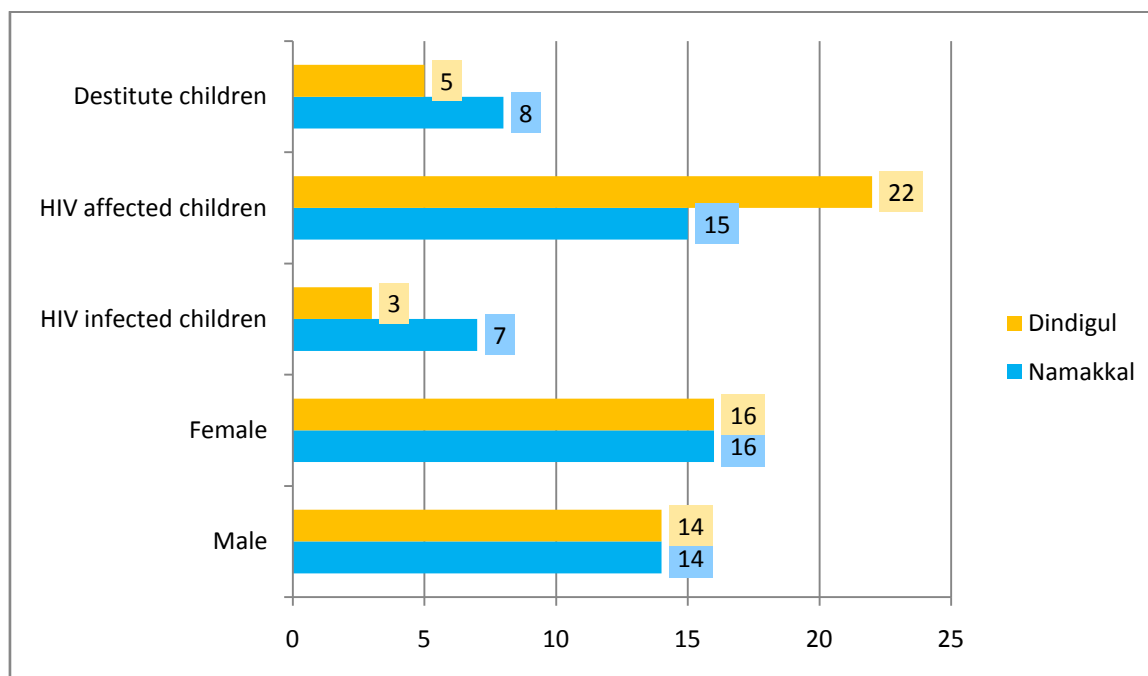


Chart 1. HIV/AIDS status of children

Table 1 shows that among the respondent children 14 were male and 16 were female children in both Namakkal and Dindigul districts. The percentage of HIV infection among the respondent children was high in Namakkal district (24 %) compared to Dindigul district (10%) whereas the percentage of HIV affected children percentage was 50% and 74% in Namakkal and Dindigul districts respectively. The status of the respondent children discloses that special care and support should be given to the infected children and assistance to education, health and food to the HIV affected and destitute children.

Table 2. Occupation of Parents

Occupation	Namakkal District		Dindigul District	
	No. of children	%	No. of children	%
Flower and vegetable vendors	-	-	2	6.67
Agriculture coolies	15	50	15	50
Construction workers	-	-	5	16.67
Tailor	-	-	2	6.67
Poultry keeping	7	23.33	-	-
Driver	8	26.67	3	10
House servant	-	-	3	10
Total	30	100	30	100

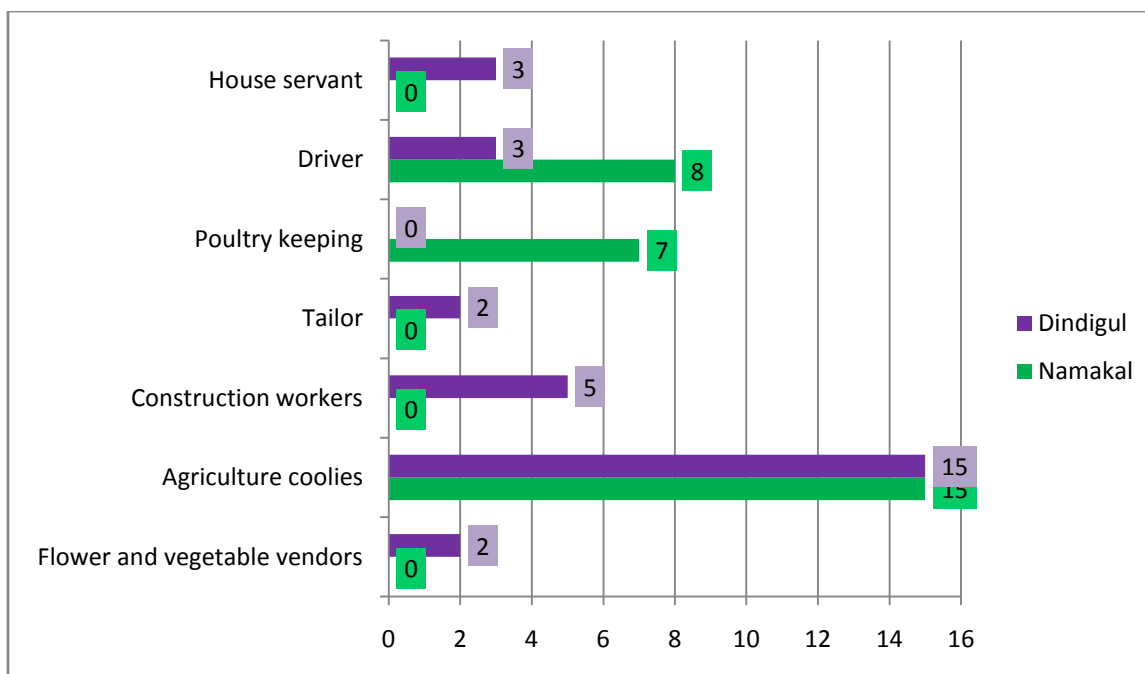


Chart 2. Occupation of Parents

Table 2 depicts that 50% parents of the respondent children both in Namakkal and Dindigul district were Agriculture coolies. 26.6% (8) in Namakkal and 10% (3) in Dindigul district were drivers. 23.3% (7) were in the occupation of poultry keeping in Namakkal district. In Dindigul district 6.6% (2) of respondents' parents were engaged in flower and vegetable vending, 16.6% (5) were engaged in construction work and 6.6% (2) were tailors. This table reveals that the parents in Dindigul districts had multiple choice of work opportunity when compared to Namakkal district. Namakkal district parents were engaged only in three occupation viz. Agriculture coolies, Poultry keeping and Drivers.

Table 3. Family size

Family size	Namakkal District		Dindigul District	
	No. of children	%	No. of children	%
2-4	22	73.33	25	83.33
5-7	8	26.67	4	13.33
8+	-	-	1	3.33
Total	30	100	30	100

The family size and the income has a direct link in the development of the family and spending on child welfare. Table 3 shows the family size of the respondents. Majority of the respondents' family had 2-4 members in their family both in Namakkal 73.3% (22) and 83.3% (25) in Dindigul districts. 3.3% (1) family had more than eight members only in Dindigul district. The data show that the family size of Namakkal district was lesser when compared to the family size of Dindigul district.

Table 4. Monthly income of respondents' family

Monthly Income in Rupees	Namakkal District		Dindigul District	
	No. of children	%	No. of children	%
1000-2000	22	73.33	16	53.33
2001-3000	8	26.67	12	40.00
3001-4000	-		1	3.33
4001-5000	-		1	3.33
Total	30	100	30	100

As per the above table 4 the income of the parents of the respondent children in Namakkal district ranges from 1000 to 3000 rupees per month. 73.4% (22) fall in 1000-2000 income group and 26.6% (8) in 2001-3000 group whereas in Dindigul the range of income per month ranges from 1000 rupees to 5000 rupees per month. However majority of parents' income in Dindigul district fall in the range of 1000 to 3000 rupees per month i.e 53.4% (16) were in 1000-2000 range, 40% (12) were in 2001-3000 rupees range per month. Only 6.6% (2) were in 3001-5000 rupees range of income. This shows that the parents of the respondent children in Dindigul district had higher income than their counterpart in Namakkal district. If we link this with the occupational status of the parents of both districts we can understand that this may be due to the various work opportunities available to the Dindigul district parents than the Namakkal district. Besides may be assumed that higher the family income there will be chance of spending more on the education and health of their children.

Table 5. Health attributes of respondent children

Attributes	Namakkal District		Dindigul District	
	No. of children	%	No. of children	%
Height (in cm)				
120-130	-	-	5	16.67
131-140	2	6.67	9	30.00
141-150	8	26.67	9	30.00
151-160	18	60.00	3	10.00
161-170	2	6.67	4	13.33
Total	30	100	30	100
Weight (in Kg.)				
26-35	11	36.67	16	53.33
36-45	11	36.67	9	30.00
46-55	6	20.00	2	6.67
56-65	2	6.67	2	6.67
65+	-	-	1	3.33
Total	30	100	30	100

The above table reveals that 66.6% of the respondent children have the height ranging from 151-170 cm in Namakkal district but this percentage is lesser 24 % in Dindigul district. 76.6% (23) of children in Dindigul district fall within the range of 120-150 cm but this was 33.4% in Namakkal district. This shows that the respondent children of Namakkal district is healthier and get nutritious food than the respondent children of Dindigul district. When it is compared with the weight of the respondent children of both districts more than half 53.3% (16) children come under the weight ranging from 26 Kg. to 35Kg. in Dindigul district and it is 36.6% (11) in Namakkal district. This data again confirms that the respondent children in Dindigul district were under nourished. On the contrary the below Table No. 6 on nutritional status reveal that 60% (18) and 30% (9) in Dindigul district had responded that they had three times meal per day and ate nutritious food respectively and in Namakkal district it was 56.6% and 20%. The table also reveals that 10% of Dindigul district children and 23.4 % of Namakkal district were facing malnutrition problem. The malnourishment is higher among the children of Namakkal district compared to Dindigul district. The anthropometric measurement of height and weight among the respondent children of Namakkal district was good compared to Dindigul district respondents even though they were lacking behind in having three time meals, consumption of nutritious food etc. The reason may be due to other factors which opens path for another study of cause and effect.

Table 6. Nutritional status

Food intake	Namakkal District		Dindigul District	
	No. of children	%	No. of children	%
Three meals a day	17	56.67	18	60.00
Nutritious food	6	20.00	9	30.00
Malnourished	7	23.33	3	10.00
Total	30	100	30	100

Table 7. Minor Ailments

Ailments	Namakkal District		Dindigul District	
	No. of children	%	No. of children	%
Fever	11	36.67	12	40.00
Headache	6	20.00	5	16.67
Cold/cough	8	26.67	6	20.00
Stomach pain	2	6.67	3	10.00
Giddiness	1	3.33	2	6.67
Skinn problem	2	6.67	2	6.67
Total	30	100	30	100

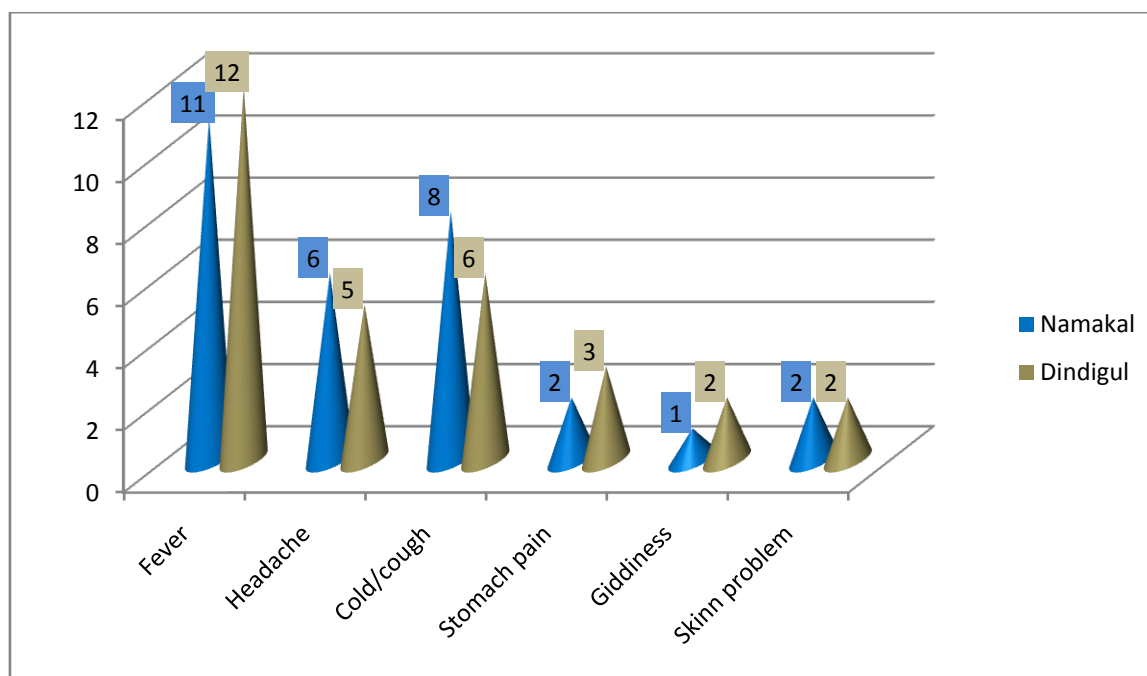


Chart 3. Minor Ailments

As per the table-7, 83.2% of respondent children in Namakkal district and 76.6% of Dindigul district were suffering from fever, headache, cold and cough.

Table 8. Nature of Educational assistance

Nature of educational assistance	Namakkal District		Dindigul District	
	No. of respondents	%	No. of children	%
Tuition facility	3	10.00	4	13.33
Educational materials	12	40.00	10	33.33
Special Care for children by Teachers	6	20.00	8	26.67
Educational counseling	3	10.00	4	13.33
Parental support	6	20.00	4	13.33
Need of assistance for higher education				
Course details	23	76.67	24	80.00
Loan details	18	60.00	8	26.67
Orientation to parents/care takers	19	63.33	19	63.33

As per the above table No. 8 majority of the respondent children both in Namakkal district 40% (12) and Dindigul district 33.4% (10) had responded that they needed assistance for educational materials to continue their education. 20% (6) and 26.6% (8) of respondents in Namakkal and Dindigul district respectively sought the special care of the teacher and 10% (3) in Namakkal and 13.3% (4) in Dindigul district had requested for educational counseling and 20% (6) and 13.3% (4) respondents of Namakkal and Dindigul district respectively, told that they needed the support of their parents to continue their education. Majority of the respondent children of both districts said that they needed course details, loan facilities and orienting their parents and care takers on the importance of educating their children.

Table 9. Knowledge on Reproductive health

Attribute	Namakkal District		Dindigul District	
	No. of respondent	%	No. of respondent	%
Knowledge about puberty				
Able to explain	6	20.00	8	26.67
Not able to explain	24	80.00	22	73.33
Learning about sex/sexuality				
Interested	30	100	30	100
Not interested	0	0	0	0
Source of information of adolescent health				
Parent	5	16.67	7	23.33
Elders	12	40.00	6	20.00
Teachers	13	43.33	17	56.67
	30	100	30	100

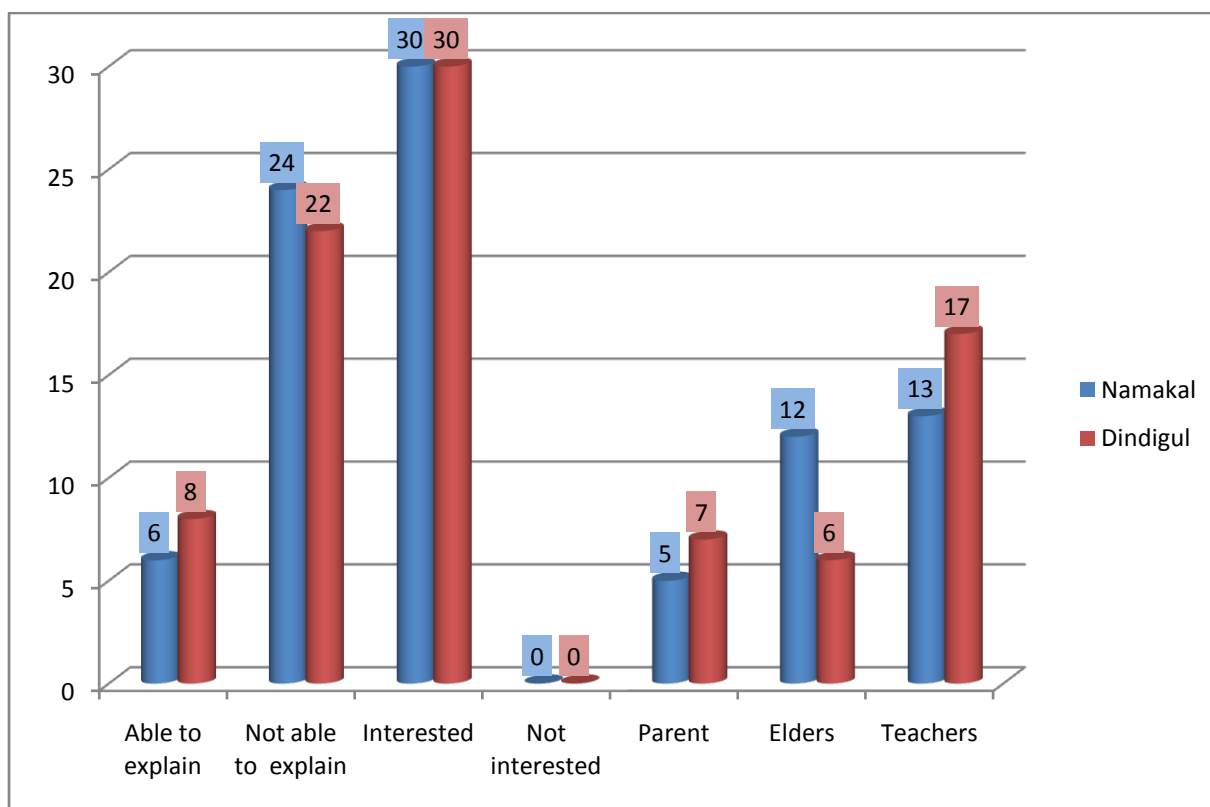


Chart 4. Knowledge on Reproductive health

As per the table No.9 on knowledge on reproductive health we can infer that 80% (24) respondents in Namakkal and 73% (22) in Dindigul district were unaware of reproductive health and all 30 respondents in both districts were interested to learn about sex /sexuality and reproductive health. The respondent children of Namakkal district were more aware of STD than Dindigul district. We could identify this during the discussion with the children. Most of the children particularly the girls told that they received information about reproductive health from their teachers and elders. 43.4% and 56.6% of children in Namakkal and Dindigul districts respectively received information from their teachers and 40% in Namakkal and 20% in Dindigul received information from their elders.

The overall discussion by the researchers brought out the information that the respondent children of the Dindigul district were more willing to participate in extracurricular activities like sports, musics and other entertainment programmes than the respondent children of Namakkal district.

Limitations of the study

The first limitation of the study was the study universe because the sample size was very less and minimum. Secondly the respondent children were in the age group of 14 to 17 and were HIV affected, infected and destitute. Hence it was very difficult to get response from them since they felt shy or stigmatization feeling and parents also had hesitation to respond.

IV. FINDINGS

HIV/AIDS infected, affected and destitute children have to face adverse impacts of social stigma and discrimination which in turn affected the social support and economic condition. The denial of basic requirements of the children's health, education and social participation yielded them to vulnerable situation like exploitation of labour, sexual abuse, trafficking and HIV/AIDS. This study explains and compares the situation of HIV affected, infected and destitute children of Namakkal and Dindigul districts. The study inferred that the study population requires assistance for continuing their education and counseling their parent/care takers on the importance of education. The study also brought out and opened path to analyse the reasons for the contradictory nature of malnourishment and good anthropometric measurement (Height and Weight) among Namakkal district children and as well good nourishment with nutritive food and low anthropometric measurement in Dindigul district respondent children. The HIV affected, infected and destitute children need recreation facilities and participation in extracurricular activities. Both district children need education about reproductive health, sex and sexuality. The study in general throws lights on the situation of HIV/AIDS affected, infected and destitute children of Namakkal and Dindigul districts and their requirements which has to be addressed.

V. CONCLUSION

This study on comparative situation analysis of HIV/AIDS infected, affected and destitute poor children in rural areas between Namakkal and Dindigul districts was undertaken with a view to analyse the situation of the HIV infected, affected and destitute children and compare. The findings of the study explained the educational needs and assistance required to continue the education of the respondent children. The study also brought out the importance of educating the children on reproductive health, sex and sexuality. These children are willing to participate in extracurricular activities such as sports and music etc. This will enhance their social mobilization and come out of social stigma and discrimination.

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