THE IMPACTS OF HIV/AIDS ON THE DEVELOPMENT OF CHILDREN AND SOCIAL PARENTING

M. Mudiappan [1] and R. Mangaleswaran[2]

Asst. Professor & Ph.D.Research Scholar, P.G. Department of social work, Sree Saraswathi Thyagaraja College, Pollachi, mudiappan68@gmail.com

Asst. Professor, P. G. Department of social work, Bharathidasan University, eeswaran2010@gmail.com *Tiruchirappalli,*

Abstract

India, which has the largest number of AIDS orphans comparing to any country in the world, is facing accelerating threat from HIV. HIV/AIDS greatly impacts the social fabric of Indian society, especially through the escalating AIDS related crises such as the unprecedented number of orphans being left with little or no adult care and protection. It is a fact that psychosocial impact of HIV/AIDS-particularly the loss of caregiver support and the resultant stress on care giving systems-on children's development and adjustment is growing day by day and the development and growth of the children is astounded from all ways. The effects on children in the domains of economic and food security, psychosocial care, education, health, family composition and stability of care lead to social disability. The impact on large numbers of children of the combined effects of poverty and HIV/AIDS-namely school dropout, child labour abuses and the sexual exploitation and trafficking of children-are likely to cause significant social disruption. This alarming situation invites us to take the issue very seriously and form effective strategies to face crisis and to act urgently. This paper aims to highlight the problem and crisis of AIDS on children in India and care and support models for AIDS orphans giving importance to the concept and practice of social parenting.

*Key words***:** AIDS, children, school dropout, child labour, sexual exploitation and social parenting.

INTRODUCTION

AIDS is redefining the very meaning of childhood for millions, depriving children of many of their human rights- of the care, love and affection of their parents; of their teachers and other role models; of education and options for the future; of protection against exploitation and abuse. The world must act now urgently and decisively to ensure that the next generation of children is AIDS-free (UNICEF, 2000).It is estimated that approximately 15 million children have been orphaned by HIV/AIDS worldwide. Another shocking figure is that every day, about 1800 new HIV infections in children under the age of 15 are added to this figure, mostly by mother to child transmission. According to Dr. Damodar Bachani, the Deputy General-Director, NACO, the national assessment is that 70,000 children are living with HIV/AIDS even after the decisive steps the Government took to prevent vertical transmission from mother to child by offering voluntary testing to all pregnant women who come to antenatal clinics. Besides it is also significant that most children were highly malnourished, a vast majority had very poor quality of shelter, care and support and most importantly, completely bereft of any kind of psycho-social support and were silently coping with the trauma. Stigmatization associated with AIDS is underpinned by many factors, including lack of understanding of the illness, misconception about how HIV is transmitted, lack of access to treatment, irresponsible media reporting on the epidemic, the incurability of AIDS and prejudice and fear relating to a number of socially sensitive issues including sexuality, disease, mental health and general well-being, drug use, alcoholism, and death. Stigma is deeply rooted and operating within the values of everyday's life. Although images associated with AIDS vary, they are patterned so as to ensure that HIV related stigma plays into, and reinforces, social inequalities.(Parker,R. and Aggleton,2003). Stigmatizing and discriminatory actions violate the fundamental human right to freedom from discrimination. In addition to being a violation of human rights in itself, discrimination directed at people living with HIV or those believed to be HIV-infected, leads to the violation of other human rights, such as the rights to health, dignity, privacy, equality before the law, and freedom from inhuman, degrading treatment or punishment.

The most painful condition is the social stigma the CLWHA undergo for what they are not at all responsible. This discrimination on the basis of HIV^{+} leads to depression and affect the mental health of the children and the study involvement resulted in the dropout from the school. It also deprived their human rights of health services, education, recreation, social enjoyment and so on. In short, they are deprived of their childhood development and enjoyments in many spheres of their lives. It is very clear that the preset study about the psychological implications of CLWHA due to the stigma, discrimination, loss of social support, low self-esteem, depression and mental health etc. CLWHA need much more attention to promote the human dignity and general well-being. The study is necessary and importance to know about the conditions of the CLWHA and how the stigma and discrimination has the correlation with their loss of

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social support, depression, low self-image and mental health. The discrimination also pays the way to the negligence of their nutrition and health conditions. All these lead them in to more pathetic condition. To safeguard the children with HIV + from these above said social injustice and inhuman treatment. The study is intended to describe the factors causing social discrimination and to find out the relationship between these factors. Moreover the study aims at analyzing how factors which promote the discrimination and hamper the promotion of good education and health. It is an important area for investigation, which needs scientific enquiry, and the present study is one such attempt to explore the various factors of discrimination and injustice.

The National AIDS Prevention and Control Policy does not address children specifically, and NACO and the state AIDS societies have focused little or not at all on children affected by HIV/AIDS. NACO's director explained: "There has been no segment on children in NACO policy per se. Partly the reason is that there is not enough data generated in surveillance specifically on children." According to NACO, U.N. officials, and others, the third phase of the national AIDS program, scheduled in 2004, contained some provisions for children. NACO and the state AIDS control societies' primary activity targeting children has been prevention of mother-to-child transmission, which involves administering a short course of antiretroviral drugs to mother and newborn that greatly reduces the risk of HIV transmission during pregnancy and child birth. The States and the Central Government have largely failed to prevent discrimination against HIV/AIDS-infected children or to provide redress once it occurs. Only a few States are offering students the information needed to protect themselves from HIV and to avoid stigmatizing those CLWHA; even schools that teach about HIV/AIDS do so at an age at which most students have already dropped out. They have not implemented programs to address discrimination against HIV/AIDS-affected children in education, health, or other areas, and only a few states, such as Tamil Nadu, have funded small projects to care for children living with HIV/AIDS. The implications of an unhealthy self-esteem, experienced in conjunction with such adverse environmental factors of poverty, stigmatization, social isolation and inconsistent nurturance (Brazdziunas, Roizen, Kohrman & Smith, 1994: 145) are potentially grave. This combination of an unhealthy self-esteem and negative environmental factors may result in such things as dangerous alcohol use, drug use and suicidal ideation or behaviour (Wild, Flisher, Bhana & Lombard, 2004: 1). Engaging in such negative behaviour may further influence such things as school attendance, engagement in violent behaviour, and risky sexual relationships (Kruger & Richter, 2003: 1).

MATERIALS AND METHODS

The main aim of the study is to study the socio – economic background, the level of discrimination, Mental Health and the study Involvement of the respondents. The objectives are to study the socio – economic background of the respondents, to study the family and social discrimination and various health services provided to the children with HIV+, to assess the level mental health of the respondents, to find out the study involvement of the respondents, to study the psycho-social needs of the respondents, to study about the influence of disease on the well-being of the respondents and to revolve a model for betterment of children living with HIV and AIDS.

The hypotheses are:

- ❖ There is a significant difference between the gender of the respondents with regard to Discrimination of AIDS,
- ❖ There is a significant correlation between the type of House of the respondents and the Discrimination of the respondents.
- ❖ There is a significant relationship between Caste and Discrimination of the respondents.
- ❖ There is a significant relationship between Sickness of the respondents and Study Involvement
- ❖ There is a significant relation between the level of mental health and study involvement of the respondents.

The children receiving services are 112 and among them 7 are not willing to answer the questions. So, the universe of the present study is 105. The researcher has used Census method for the study on discrimination against children with HIV +, Mental Health and Study involvement of the respondents. The size of the sample is 105 children with HIV+ between the age group of 8 -17 years (from 25th of May 2010 to 12th of July 2010 in HUNS in Namakkal town. The researchers followed the inclusive criteria for the present study:

- ❖ The respondents are at the age of between 8 years to 17years
- ❖ The respondents are school going students

Family and social discrimination scale**,** Mental health inventory**, V.D. Augustine (1978**) ,Study involvement inventory **Jayalakshmi (1978)**

RESULTS AND DISCUSSION

Socio-demographic findings

- There are 26.7 per cent of the respondents are at the age group of 11-13 and 24.8 per

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cent of the respondents are at the age group of 5-7 and 14-17. (table-1)

- There are 61.9 per cent of the respondents are male and the rest of the respondents are female. This indicates those males are going to study and services more than the female. (table-2)
- There are 44.8 per cent of the respondents are having 1-2 and 3-4 as birth order and 11 per cent of the respondents are having the birth order after 4.
- There are 29.5 per cent of the respondents are having brothers and sisters more than 6 and 27.6 per cent are having 5-6 siblings.
- There are 43.8 per cent of the respondents are belonging to the nuclear family and 37.2 per cent of the respondents belong to joint family. 11.4 per cent of the respondents are from single parent family and only 7.6 per cent of the respondents are from divorced family.
- There are 26.7 per cent are belongs to BC, and 24.8 per cent of the respondents are belongs to SC & FC and 23.8 per cent are from ST community(table-12)
- There are two third of the respondents (68.6 per cent) are suffering more than 6 years of AIDS and only 13.3 per cent of the respondents are having AIDS for 1-3 years. (table-20)
- There are 57.1 per cent of the respondents are experiencing high level of discrimination in the family, 63.8 per cent of the respondents are experiencing high level of discrimination in the society, 54.3 per cent of the respondents are experiencing high level of discrimination in the school and 53.3 per cent of the respondents are experiencing high level of discrimination in hospital settings. It also says that 59 per cent of the respondents are experiencing discrimination in the over all aspects. (table-24)
- There are 65.7 per cent of the respondents are having low level of mental health and 34.3 per cent of the respondents are having low level of mental health. (table-25)
- There are 69.5 per cent of the respondents are having low level of school environment, 68.6 per cent of the respondents are having low level of self-confidents,

Table 1: Distribution of the Respondents by their level of Discrimination

S. No	Level of Discrimination	No. of Respondents (n :105)	Percentage
1	**Family**		
	Low	45	42.9
	High	60	57.1
2	**Social**		
	Low	38	36.2
	High	67	63.8
3	**School**		
	Low	48	45.7
	High	57	54.3
4	**Medical**		
	Low	49	46.7
	High	56	53.3
5	**Over all Discrimination**		
	Low	43	41
	High	62	59

The above table indicates that 57.1 per cent of the respondents are experiencing high level of discrimination in the family, 63.8 per cent of the respondents are experiencing high level of discrimination in the society, 54.3 per cent of the respondents are experiencing high level of discrimination in the school and 53.3 per cent of the respondents are experiencing high level of discrimination in hospital settings. It also says that 59 per cent of the respondents are experiencing discrimination in the over all aspects. AIDS is characterized by high levels of stigma, discrimination central to the global AIDS challenge, as related to human dignity is described" **(Med Smith, 2005).**

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The earlier study done by **Anderson et al., (2002)** on "HIV/AIDS-Related Stigma and Discrimination: Accounts of HIV-positive Caribbean people in the United Kingdom" the findings indicates that there is a high level of discrimination. Discrimination, stigma, poverty and such other problems lead to vulnerability and oppression for the women/children infected with HIV/AIDS **(W.B. Vasantha, Kandasamy ,(2005)**. The study by **Ravi K. Verma (2002) on** HIV/AIDS and Children in the Sangli District of Maharashtra point out experience of stigmatization and discriminations and send their children away to distant relatives, and withdraw children from school. Discrimination in accessing health care is a major form of social exclusion faced by people infected or affected, including orphans.

Table 2: One-Way Analysis of Variance among Type of House of the Respondents with Regard to the Level of Discrimination

S. No.	Standard	df	SS	MS	$\overline{X}$	Statistical Inference
1	**Family**				G1=13.754	F = 1.541
	Between Groups	2	18.311	9.156	G2=14.250	$P > 0.05$
	Within Groups	102	605.936	5.941	G3=12.625	Not Significant
2	**Social**				G1=15.655	F = 0.967
	Between Groups	2	8.898	4.449	G2=15.055	$P > 0.05$
	Within Groups	102	469.159	4.600	G3=15.750	Not Significant
3	**School**				G1=17.721	F = 1.849
	Between Groups	2	31.269	15.635	G2=17.388	$P > 0.05$
	Within Groups	102	862.693	8.458	G3=15.625	Not Significant
4	**Medical**				G1=24.491	F = 6.301
	Between Groups	2	91.645	45.822	G2=22.500	$P < 0.05$
	Within Groups	102	741.746	7.272	G3=24.250	Significant
5	**Over all**				G1=71.623	F = 3.214
	Between Groups	2	178.667	89.333	G2=69.194	$P < 0.05$
	Within Groups	102	2835.467	27.799	G3=68.250	Significant

G1 – Hurt G2 – Tiled house G3 –Concrete house

The table indicates that there is a significant association between the type of house of the respondents and the discrimination in health services and overall discrimination. There is no association between the type of house and the dimensions of family, society and school. The mean score indicates that the respondents living in the hurt are having high level of discrimination from the other respondents living in tiled house and concrete house. **Kevin, et al., (1998)** conducted study on children living with HIV and AIDS. More than one million children are infected with HIV. Many children will continue to be adversely impacted such as poverty, and lake of social support. **Thalita and F. Abrew, (1996)** found out that pediatric AIDS occurs among the poorest families' income and developing countries low family income and educational level can be obstacle to child care in their study on. "Socio –economic aspects of children and their families with HIV infection.**"** The study conducted by **W.B. Vasantha Kandasamy, (2005)** substantiates the present study. Children are infected with AIDS from rural areas, poor and uneducated

Table 3: Association between Caste of the Respondents and Discrimination

S. No.	Caste	Discrimination		Statistical Inference
1	**Family**	Low(n=45)	High(n=60)	
	SC	10	16	$X^2 = 2.836$
	ST	8	17	df = 3
	BC	15	13	$P > 0.05$
	FC	12	14	Not Significant

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2	**Social**	Low(n=38)	High(n=67)	$X^2 = 2.070$
	SC	12	14	df = 3
	ST	8	17	P >0.05
	BC	8	20	Not Significant
	FC	10	16	
3	**School**	Low(n=48)	High(n=57)	$X^2 = 2.042$
	SC	9	17	df = 3
	ST	12	13	P > 0.05
	BC	15	13	Not Significant
	FC	12	14	
4	**Medical**	Low(n=49)	High(n=56)	$X^2 = 8.753$
	SC	12	14	df = 3
	ST	7	18	P < 0.05
	BC	19	9	Significant
	FC	11	15	
5	**Over all Discrimination**	Low(n=43)	High(n=62)	$X^2 = 8.325$
	SC	9	17	df = 3
	ST	6	19	P < 0.05
	BC	17	11	Significant
	FC	11	15	

The table shows that there is no significant association between the caste of the respondents and the discrimination in the family, society and school. The table demonstrates that there is a significant association between the caste of the respondents and the discrimination in the healthcare services and over all discrimination. The caste influences the level of discrimination in the health services.

Table 5: Karl Pearson's Co-Efficient of Correlation between Discrimination, Mental Health and the Study Involvement of the Respondents

Variables	Discrimination	Mental Health	Study Involvement
Discrimination	1		
Mental Health	.265*	1	
Study Involvement	.234*	.372**	1

The table shows that there is a significant correlation between mental health of the respondents and the study involvement of the respondents. When there is a better mental health then there will be a better study involvement. It is inferred that mental health has significant correlation with study involvement. There is a negative correlation between the discrimination and the mental health of the respondents. If the discrimination decreases, then there will be an increase in the mental health.

SUGGESTIONS

- Sensitizing the community for reducing stigma and discrimination and building up a positive towards people with AIDS
- Creating awareness and helping in clarifying misconceptions for prevention strategies of this disease.
- On-going Counselling must address denial, guilt, and anger of the family members.
- Combining counselling and information based approaches that break the 'culture of silence' and promote the culture of openness and support
- Doing the catalytic effort-starting a chain of actions that reduces stigma and discrimination
- Counselling the children with AIDS and strengthening the ego of the children

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- Prevention of further spread of HIV/AIDS by encouraging the proper and regular testing of the pregnant women
- Promoting social parenting model in which each child living with HIV/AIDS must be taken care of the community and society.
- The social work professionals, NGO organizations and the Government should take effort in promoting social parenting model in order to reduce stigma and discrimination and promotion of equality and general well-being.

CONCLUSION

Discrimination is a violation of human rights. The principle of non-discrimination, base on recognition of the equality of all people, is enshrined in the Universal Declaration of Human Rights and other human rights instruments. These texts, inter alia, prohibit discrimination based on race, colour, sex, language, religion, political or other opinion, property, birth or other status. Children living with HIV often have complicated histories, including negative experiences such as traumatic events, mental illness, and stigma. HIV/AIDS-affected children, including those who are HIV-positive, are also likely to experience mental trauma caused by a parent's death, by fears of their own deaths, and by stigmatization from their or their parents' HIV status. The discrimination, psychological problems and the emotional impacts leads to sickness among the children. Social parenting model will certainly reduce the existence of stigma and its implications on children living with HIV/AIDS.

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