



## Hiv/aids Related Needs In Internally Displaced And Issues, Conflicts Affected The Development Of Children

### KEYWORDS

Issues Conflicts and Needs among Displaced Children .

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### ABSTRACT

*The epidemic disease of HIV/AIDS is one of major problems faced by India to achieve the development progress. The Orphaned children are powerlessness and unable to cope with doing the house activities especially girl children are prone to exploit by their own families. Some men who have to avoid infection of Getting HIV wants to forced the young innocent adolescent's girls to have a sex with which results the girl children are subjected to get HIV infection and also induced into the sexual violence. In this context, the present study is undertaken by the authors to understand the HIV/AIDS related needs in internally displaced and conflicts affected children.*

### Introduction:

The interconnection between the conflict and HIV/AIDS among the children are affected the national income of our country. Therefore protective measures have to be implemented by the Government to safeguard the children from this type of illness. The families infected by HIV/AIDS have been migrated as a refugees due to war conflict are lying face down poverty and not able to get employment, forcibly engaged into labourer jobs earns little amount for their livelihood, and their children are displaced predominantly vulnerable to coercion of their safety and well-being. Such vulnerable children with HIV/AIDS are having a high chance of getting sexual abuse and violence, forcible recruitment into armed groups, and lack of getting basic needs.

### Issues and challenges of Orphaned and infected children with HIV/AIDS, with interconnection of development induced displacement:

Moreover, the Children are not only personally affected by HIV/AIDS, their right to get a parental care and affection. The infection can lead children to drop out from the mainstream, and forced them to engage in to child labour activities in order to survive. Majority of the children whose parents died due to AIDS are orphaned and highly exposed to abuse, exploitation and neglect from their guardian.

Children have puts end up their dreams and become sole breadwinners of the family and head of their households. Children infected by HIV often do not receive the correct medicine and the younger children need in the form of syrup. Children living with HIV are also more susceptible to infectious of other kinds due to their weakened immune systems such a tuberculosis and other opportunistic infections.

According to UNICEF India there are 220,000 children infected by HIV/AIDS in India. It is approximated that every year 55,000 to 60,000 children are born to mothers who are HIV+ve and 30% of these children are likely to be infected themselves.

Early detection of HIV infectious diseases, nutritional supplements and medical treatment especially antiretroviral therapy is essential for the young children for survival. Children living with the disease experience a great deal of social stigma and discrimination. This results in children being marginalized from essential services such as education and health.

Children with AIDS is suspected to presenting with at least two major signs, associated with at least two minor signs in the absence of known cases of immune-suppression, such as

cancer or severe malnutrition or other recognised etiologist.

The Physical conditions of unexplained weight loss, chronic diarrhoea, and prolonged fever with persistent cough, oral candidiasis and lymph make the child to put into physical conflicts that need to attain immediate medical attention.

### a. The internal dislocation of psychological issues:

Children infected and Vulnerable to HIV lives are miserable and easily gets emotional disturbance for small things. Every day, children have faced a lot of psychological pressures both within the family and outside of the family. Many children develop the neurological and neuropsychological problems with the most significant developmental delays which are reported to have a higher viral load illness. The displacement of Delayed developmental milestones, poor expressive and receptive language development and motor development skills are some of the direct impact of HIV on neuro-developmental illness.

Children with chronic illness, in general, are found to be at greater risk for psychiatric problems, including depression, anxiety, and feelings of isolation, Denial of education was the most common problem faced by children with HIV. Many children stop schooling in order to take care of their infected parents as well as supplement household income. The chances against AIDS-orphaned children are puzzling. Stigmatized and discriminated, does not allow them to access basic education and basic health care. These AIDS orphaned children are far more vulnerable to abuse and all forms of exploitation like prostitution, beggary, juvenile delinquency, and drug abuse. The yet another worrying incident is the emergence of child-headed households. Children, whose parents have AIDS and/or die with AIDS, are thus impacted medically, socially, and economically.

The negative attitudes in the health care sector have generated anxiety, fear and depression among people with HIV. As a result of this many wants to maintain the secret of their status of not disclose to their children to gain care and support. Wherever the HIV patients to go for treatment in hospitals the response are shameful and this conflict reflects to their children in the form of discrimination, isolated from the normal children, forced to leave the school, given mental agony.

Disclosure is yet other obstacles faced by the parents in the contemporary society, the parents are in need to disclosure of

their status to children to wining over the confidence. Disclosure decision are particularly complex when children are involved because of concern about children's emotional and aptitudinal ability to understand and cop with the nature of the illness, stigma, family relations and concerns about social support. WHO has developed a guidance for healthcare workers on how to support children 12 years of age and younger, and their caregivers, on disclosure of HIV status. The guidance is intended as part of a comprehensive approach to the physical, emotional, cognitive and social well-being of a developing child following the child's own diagnosis of HIV or that of a parent of close caregiver. The result of CD4 count value is important to start ARV when a child age is less than 12 months to reduce the death rate of HIV. The decision about when to start ART for children should involve evaluation of the social environment.

#### b. HIV and Rights for Children:

The displaced population who are deracinated from remote village into urban areas, where they settle in slum and as on a pavement dwellers that are attributed by poor infrastructure, and often they have to experience discrimination, hide their status from higher authorities and rely on the informal work for income. The Government would fail or not willing to deliver on their responsibility to provide basic services. Breach of confidentiality is considered when information or photograph of HIV affected, infected persons without his or her consent. Freedom, protection, immigration right should be given to a child and not to be isolated or discriminated in the name of disease. The child shall not be put under any medical research unless prior permission obtained by the parents or caregivers. Under the child's convention rights all infected children shall go to school and pursue education as like as other normal children. Shwoing discrimination and stigmatized under this ground shall be punishable by legally. As per the medio legal ethichs the children should not be denied for treatment or usage of medical equipments. Shifting or travelling should not be denied and demanding declaration of HIV status to enter into a country should be avoidable. There is a high demand on children with HIV are not allowed to access the medical services provided to other children in a hospital. At the last these children are restricted to access the basic rights to live in a home as well as in the society happily.

#### c. Family centred approaches for development induced displacement of the HIV Children:

. Family-centred approaches have been advocated to address family stressors, adaptation, and cultural factors impacting on the whole family. They also provide appropriate support for the infected child and his/her siblings, and connect families to services and community resources such as medical, mental health, social welfare services, and respite care through case management. The therapeutic intervention with families coping with HIV/AIDS must begin with the concept of empowerment. The diagnosis of HIV cause family to separate from normal healing rituals, loss of family gathering and friendship groups. The families may be helped in reconstructing the former family supports that are no longer available. Often families must be helped to develop new rituals to draw together those who need support, particularly in the terminal phase of the illness.

#### Strategies for caring children with HIV/AIDS:

(I) The following are the three approaches that have to be commonly used to support children orphaned by HIV/AIDS

1. Intuitional: There are various types of institutional support to orphans. These orphanages often provide high quality care

in terms of material needs such as food or clothing. But they have limited capacity and are often expensive to run and do not meet other needs of children, such as belonging to a community. This is too costly and is not sustainable and is seen as temporary and last resort.

2. On Demand: Various organizations have reacted to orphans coming to them by providing for their basic needs. This approach mostly addresses physical needs. It may also not reach the neediest and encourage dependency.

3. Community based care: In this approach community based volunteers can identify the most needy children with the community and visit them regularly. Material assistance where it is provided is channelled through the volunteers. Emphasis is placed on support to encourage self-reliance rather than dependence on ongoing external inputs.

Therefore, the community based care is the best and most effective method of caring for orphans.

#### II. Advocacy:

The Non-governmental organization and the Governmnet funded agencies should conduct various advocacy programme to stop abuse, neglect and discriminate the children infected and affected by HIV/AIDS by adopting an innovative methods of conducting various training programme to community stakeholders, capacity building training for the young adolocents to the community who are under risk of getting sexual exposure to protect the innocent children who are under the age of 10. Advocacy is needed for the women in the various community to focus on empowering the consequences of the abuse, convention of the child rights and also to motivate the children in a positive aspects, develop good manners and habits that are helpful for them to put hold on spreading HIV/AIDS in future.

#### III. Policy:

Framing strigten policy should be enacted by the Governmnet is required to prevent HIV/AIDS among children. The legislative memebers have to review the existing early childhood policies to take into account matters pertaining to children infected and affected by HIV/AIDS. The policy shall be give a way for the poor children to get free medical treatment at all private, corporate hspitals so that we can prevent social ostriches and discrimination, and ensure the good helath of the infected and affected children.

#### IV. Life skill eudcation

pratically, it is necessary and important to inculcating the life skill education among the school going children for the following reason.

1. strengthen their positive thinking
2. Take appropriate Decision making when the child realized that she or he is ina different environment
3. Develop knowledge on physical changes.
4. Knowing the facts on sexual reproduction and infection especially for girls.
5. Develop the leadership qualities
6. accept the HIV/AIDS infected person as a human being not shown stigma and discrimination. impart knowledge on HIV/AIDS and its treatmentfacility.
7. Educate the convention of child rights.
8. Behaviour change modification

#### V. Effectiveness in the mother to child transmission:

Already the programme is running sucessfully in all Government hospitals, still the prevelance of infected mothers and children are existing. Hence the service minded peopleshould come forward to sensitize the adolosece girls about this this programme to prevent the infection to the new born babies.

### Vi Compulsory pre marital counseling at all colleges:

Irrespective of colleges, the pre-marital counseling shall be made compulsory for irrespective of Gender to prevent and protect from all kinds of abuse, illness and illhealth. This will help ful for them to understand the reality of lives.

### Conclusion:

No one in the world will digest the innocent children are getting infected by HIV/AIDS and facing issues and conflicts knowingly or unknowingly, blame goes to the mother. Hence the eradication of HIV/AIDS is not at all practical possibility by the Health care Providers and others, but people can take assurance that the dreadful disease not be spread to others, especially children who have been called as vulnerable groups, and save the community free from HIV/AIDS. Therefore every one should keep promise not to spread HIV/AIDS to others, under any circumstances.

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