

RIGHTS VIOLATION OF CHILDREN ORPHANED BY AIDS: A STUDY

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Introduction: India is home to almost 19% of the world's children. More than one third of the country population, around 440 million, is below 18 years. India's children are India's future as strength of the nation lives in healthy, protected, educated and well –developed child population that will grow up to be productive citizens of the country. It is estimated that around 170 million or 40 per cent of Indian's children are vulnerable to or expressing difficult circumstances.

The Constitution of India recognizes the vulnerable position of children is their rights of protection, development, survival and participation. Article 15 the constitution guarantees special attention children through necessary and special laws and policies that safe guards their rights. The right to equality, protection of life and personal liberty and the right against exploitation are enshrined in articles 14, 15, 16, 17, 21, 23 and 24.

India has adopted a number of laws and formulated a range of policies to ensure children's protection and improvement of their situation including the Guardian and wards act 1890, Factories Act 1948, Hindu Adoption and Maintenance Act 1956, Probation of Offenders Act 1958, Bombay Prevention of Begging Act 1959, Orphanages and other charitable homes Act 1976, Child Marriage and Restraint Act 1979, Immoral Traffic Prevention Act 1986, Child Labour Act 1986, National Policy on Education 1986, Prevention of illicit Traffic in Narcotic Drugs and Psychotropic Substances Act 1987, National Policy on Child Labour 1987, Infant Milk Substitutes, Feeding Bottles and Infant Foods Act 1992, National Nutrition Policy 1993, Pre-natal Diagnostic Techniques Act 1994, Persons with disability act 2000, National Charter for Children 2004, National Plan of Action for Children 2005 and Commissions for protection of the Rights of the Child, Act 2005, JJ Act 2000 and 2006 and right to education act 2009.

However, these laws and policies promising respect for child rights, their protection and well being have not resulted in much improvement in lives of Indian AIDS Orphaned children who continue to be deprived of the rights, abused, exploited and taken away from their families and communities. Scant attention and feeble commitment to resolving AIDS Orphans problems have resulted in poor implementation of these laws and policies meager resources, minimal infrastructure, inadequate services in variety, quantity and quality and inadequate monitoring and evolution.

Since HIV/AIDS was discovered in 1981, there are about 20 million children orphaned by AIDS in the world. The number is expected to reach 25 million by 2015. India has the largest number of AIDS Orphans of any country in the world. It is estimated that there are 2.1 million that 11% of the world orphans. This number is expected to rise, more than double in five years, and the proportion of orphaned children will remain exceptionally high until 2020. Due to the 10-year time between HIV infection and death, officials predict that orphan populations will continue to rise for a similar period, even after the HIV rate begins to decline. Experts say only massive spending to prolong the lives of parents could be expected to change this trend. (WHO, 2007).

Children orphaned by AIDS, lost their both/single parents and suffering from emotional trauma, negligence, stigma & Discrimination, parental love, care, affection, and support. They depend on others such as grannies; relatives, hostels, friends, communities and foster families. Some time they have to feed the families, grannies and positive siblings. In this regards children need more psychological capacities to cope up with the issues.

In this circumstances majority of the AIDS Orphans become depressive and isolated by them due to stigma and discrimination in their areas. It is also one of the reasons that children become not active or sometimes too active and become street children, mentally retard, committing anti social elements, committing suicide and a few children addicted to alcohol and drugs. All these issues are violating the rights of children orphaned by AIDS Directly. The study focuses the issues of AIDS Orphans in the context of Child Rights.

Definition of Children Orphaned by AIDS: According to the NACO, UNICEF, UNAIDS, Children Orphaned by AIDS defined as “An AIDS orphan is a below 15 years child who became an orphan because one or both parents died from AIDS”. According to the definition the study collected the data from the below 15 years old AIDS Orphans.

Purpose of the Research: National AIDS Control Organization, Andhra Pradesh State AIDS control Organization and other civil society organizations have done extensive studies on HIV/AIDS. But there is no empirical research on issues and child rights violation of AIDS orphans. Against this background, the present study is an attempt to throw light on the problem of AIDS Orphan children.

The specific objectives of the study are:

1. To study the socio economic demographic profile of the AIDS Orphans
2. To analyses the risks/issues of AIDS Orphans regards their psychological behavior.
3. To study the issues in Stigma and Discrimination faced by them and examine the situation of Orphans in the communities.
4. To examine issues of AIDS Orphans in the content of child rights violation and child protection.
5. To find out the situation and problems of the AIDS Orphans to get the quality education.
6. To analyze the living placement and livelihoods of the AIDS Orphans after death of the both parents with HIV/AIDS.
7. To Analyze and examine the issues of AIDS Orphans regarding the Property loss

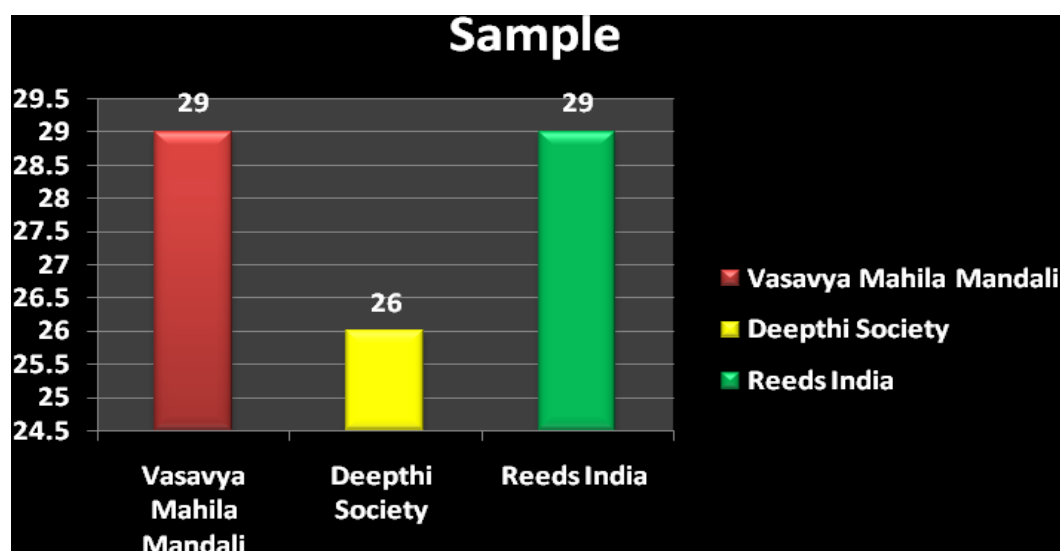
8. To study the concerns of the AIDS Orphans who lives with HIV/AIDS and explain the available facilities in Krishna District as well as Andhra Pradesh.
9. To provide the findings and suggestion to Government and Civil Society Organizations with regard to bring the better interventions to provide quality of life to AIDS Orphans.

Research Design: To translate the theoretical framework and conceptual interrelationships into research plan a descriptive research design was formulated with a view to describe, compare and analyze the perceptions of the *AIDS Orphans* towards the issues and problems of the *AIDS Orphans* in Krishna District.

Research Setting: Krishna District is one of the high prevalent districts, in Andhra Pradesh, India. It is situated in costal Andhra Pradesh and having big railway junction & wide railway network. The population in Krishna District is 41, 81,071 persons (2001 censuses), So many migratory populations are visiting from all the districts of the AP. According to the APSACS resnet surveillance data, HIV prevalence rate in Krishna District is 3.38 which occupies first place in AP. There is estimation of 30,000 HIV positives are living in this district. (APSACS Surveillance data, 2007).

Universe: It is estimated that there are 3000 AIDS Orphan Children in Krishna District. But the data is not available with any organization. The researcher collected the list of 850 children from three organizations.

Sample: Out of the 850 AIDS Orphans 10% will be taken as sample for the purpose of the study by following systematic random sampling method. The researcher collected data from the 84 AIDS Orphans.



Research Methodology: The purpose of the research methodology is to provide a view of the methods that was applied into this research. The Research methodology defined here is based on the methods used to collect information on *AIDS Orphans* which going to become a big problem for India as well as world. From the analysis study, understanding of the

literature reviewed and analysis of interview schedules, will lead the initial requirements for the *AIDS Orphans* in Andhra Pradesh. It may applicable to India as well as World.

Method and Tools of Data Collection: The tools of data collection were finalized on the basis of the pre-testing. In the light of the knowledge and experience thus obtained the tools were improved upon by making necessary changes and techniques refined in order to serve the purpose of the enquiry more effectively. The interview schedule was designed to elicit information to know about the situational analysis in Knowledge, risk behavior, stigma and discrimination, health, placement, child rights violation, loosing properties and livelihood options of the respondents.

Data Collection tools;

Primary Data: Collected through interview schedule distributed to all Children and asked questions on the situation. The data collected on current information from the heads of the NGOs as well as caregivers.

Secondary Data: It included data obtained from firms' annual reports, studies, books, articles, abstracts and international organizations on the situation of the AIDS Orphans NACO and APSACS. Related to Primary and Secondary data these are major techniques used for collect data regarding to AIDS Orphans. The main techniques used to collect data

Literature Review: As prelaunch to the study the available literature regarding to the AIDS Orphans. But few studies are available in Andhra Pradesh as well as India. So most of the time I reviewed International Authors books also for understanding the issues of AIDS Orphans. It was clearly mentioned in the Chapter II and I gave the references to them also.

Interview Schedule: Survey interview schedules are used to obtain quantitative descriptions to find out it focused on of AIDS Orphans due to *AIDS* in Krishna District. The interview schedule was designed with the available information in the internet as well as day to day paper clippings of the situation of Orphans due to AIDS. Two sets of interview schedule were designed, one for the AIDS Orphans and the Second one for the focus group discussion for heads of the NGOs as well as Caregivers of the AIDS Orphans. This interview schedule is used to collect the current situation of the *AIDS Orphans* in Krishna District. The second was used to collect the opinions of the NGO heads on the issue of AIDS Orphans.

Focus Group Discussion: Organized as part of the offering to obtain focus group discussion with caregivers to understand the situation of the *AIDS Orphans* in Health, Livelihood, Loosing Properties, Education, Placement, Stigma and Discrimination and psychological conditions of the AIDS Orphans.

Research Design: The study contains with 5 chapters. First chapter deals with conceptual frame work of Health, Communicable diseases, HIV and AIDS and AIDS Orphans. The second chapter presents that available literature review of the AIDS Orphans and child rights violations and the third chapter provides the research methodology, fourth chapter explains about the socio economic demographic profile of the AIDS Orphans and final have the findings and recommendations.

Major Findings of the Study:

The study "situational Analysis of AIDS Orphans in Krishna District found the many issues related to the AIDS Orphans in Krishna District, Andhra Pradesh. Among them majority of the issues are violating the child rights. The major issues are

Double Orphans: It finds that majority (53%) of the respondents are double Orphans who lost both parents due to AIDS. Remaining 47 per cent of the respondents are semi Orphans who lost one parent (Father or Mother) due to AIDS. Majority (48%) of the *AIDS Orphans* lives with their mothers and 32% are living with their grandparent.

About 18 per cent of the AIDS Orphans are managing the families with their siblings. HIV/AIDS make the Children as a head of the house. The elder child earns the money and provides the love, care, affection and education to the younger siblings.

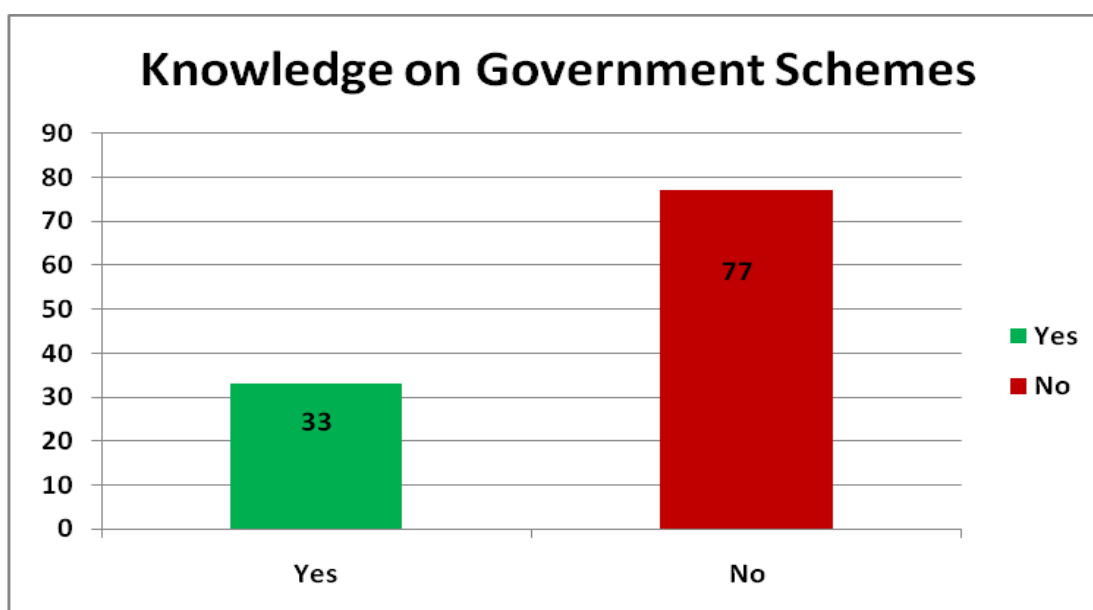
Education: About 30 per cent of the AIDS Orphans are out of schools with different occupations. Remaining children enrolled in the schools but there is no regularity and the attendance levels are very poor.

The study finds that the (29%) of the AIDS Orphans drop out from the school because grief, anxiety, isolation, withdraw, stigma and discrimination, poverty, deprived with basic needs such as food, clothes and home and hungry, tired, sick and unable to concentrate on education. CLHA suffers from opportunistic infections like, motions, vomiting; eye infections and skin diseases reduce the interest levels on education.

Majority (90%) of the *AIDS Orphans* are never trained in any vocational training due to non availability of vocational training institutes in rural areas.

Caregivers are encouraging the children for the education. Majority (61%) of the respondents' shared that caregivers and parents encourage their children for the schooling. But Parent's ill health, taking care about the grannies, economical problems, unable to pay the education fee, poverty, lack of livelihood facilities at their communities, parents are also not in the position to do the hard work, and regular opportunistic infections to the parents is hindering to send their children for schools. Due to their problems only few children studies well.

Government Schemes: The below graph presents that majority (77%) of the *AIDS Orphans* are not aware of the current Government schemes such as Apadbanu Scheme, girl child protections scheme, Aam admi bheema yogana padakam, double nutrition, education facilities of the AIDS Orphans and local homes which introduced for AIDS Orphans and their families. Government and NGOs have to work more and create awareness to increase and access the government schemes for the AIDS Orphans



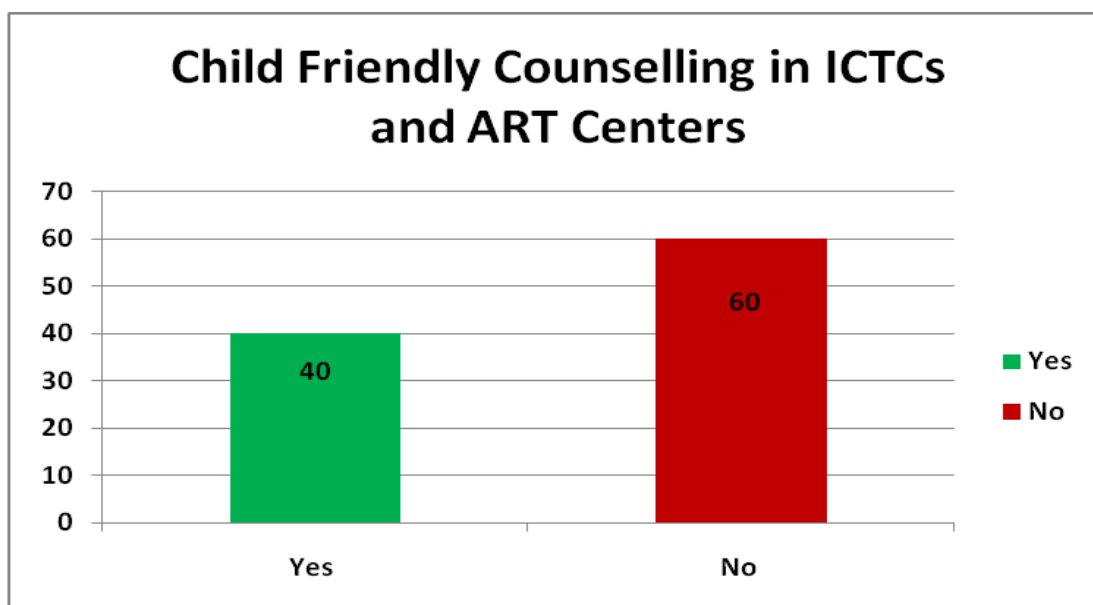
Psychological Issues: AIDS Orphans needs more counselling and psychosocial support. After death of the parents, they are deprived love, care, support and affection. The relatives and extended families may not fill the gap. Majority 64 per cent of the respondent are not satisfied with present caregivers.

Child headed families needs more counselling and psychosocial support to run the families and taking care of younger siblings with HIV. Such child-to-child caregivers need additional knowledge management and psychosocial support for self-care and counselling.

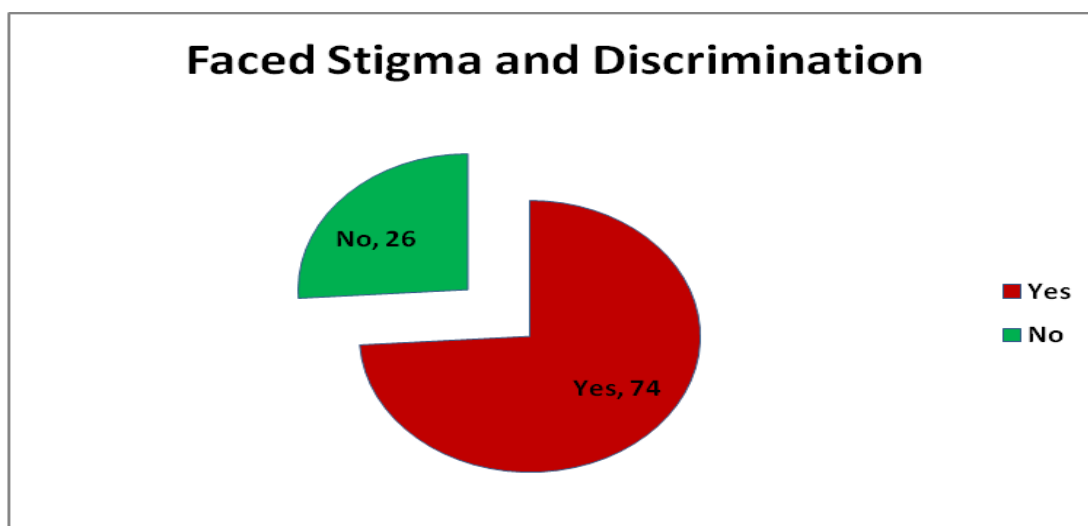
Due to stigma and discrimination, self stigma, cultural barriers and health problems majority of the children are isolating themselves from the society and not attending any social functions. As this impinges on the psychological well being of the AIDS Orphans the same need to be addressed carefully.

Community structures are not in position to provide the counselling to the children orphaned by AIDS. The role of existing structures needs to increase their roles in providing the psychosocial support to AIDS Orphans.

Child Friendly Counselling: The study finds that the majority (60%) of the children is not happy with the child friendly counseling at ICTC centers and ART centers because there is no focus on child friendly counselling. Children shared that counsellor is an adult who gives the counselling on sexual behavior. The below graph presents the severity of the issue.



Stigma and Discrimination: Majority (74%) of the AIDS Orphans experienced discrimination in their lives at schools, water taps, play grounds, social events and communities. The children have discriminated in schools, communities, playgrounds and other places. Children are not getting the house for rent. The diagram is presents the issues of Stigma and Discrimination among AIDS Orphans. It reduces freedom, liberty of the children and violates the child rights.



Living Placement: After death of both parents, living placement is the problem to *AIDS Orphans* to live in the community. Till death of the parents they used to get the love, affection, care, protection and support from them. After death, children live with Grand Parents, Relatives, Friends, Hostels, Homes, and Foster Families and become Street Children and child headed families.

Livelihoods: HIV/AIDS have a major impact on economic conditions and livelihoods, increased and reduced economic opportunities. Many Children affected by HIV and AIDS live in huge poverty. Poor households struggle to meet children's needs for food, clothing, health care and education. HIV related illness and death increase expenditure and decrease income and household economic livelihood resources. Taking responsibility for additional children the burden increased on AIDS Orphans. It is found that the major issues of the AIDS Orphans are decreased income levels of the family, increased expenditure due to their ill health, reduced resources, family debt, increased economic pressure on poor household, and lack of welfare support, Loss of Inheritance, lack of economic support and links, missed education.

Majority (39%) of the children are working at their homes only like preparing food, washing clothes, cleaning vessels and (19%) of the AIDS Orphans go for different works for livelihoods. They are doing agriculture, automobiles, cycle shops, repairing and others. Few work as a sales boys/ girls at the shops. They earn Rs.30-40 for a day. But they do 12 hours duty in a day as a sales girls/ Boys.

The study finds that the orphans (boys) take the emotional decisions to support the family. The emotional decisions leads to drop out from the schools and become Child labour and street children. They work at their homes and Agriculture, automobiles, hotels, domestic works, go along with buffalos, cotton ginning companies, cycle repairs, sales boys and girls at cloth shops and others. The *AIDS Orphans* thinks that "if they earn money it helps the family to remove some of the problems. So they drop out from the schools and earn money. Some time the workplace and friends gives them some bad habits like taking gutkas, alcohol and cigarettes."

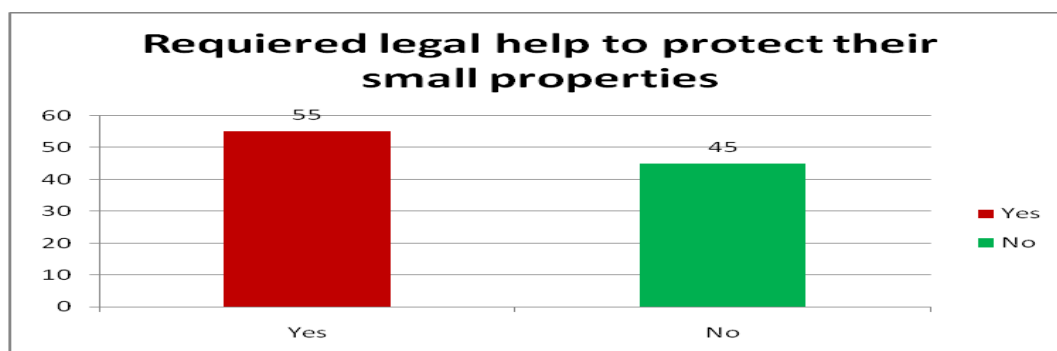
Loosing Properties: When both parents died children regular life will change and depend on others like grannies, extended families (relatives), hostels, homes, communities, friends and few foster families. They provide the Care and Support to them. Children have financial properties but they have no knowledge about the properties. Caregivers used them for house

made work and all. After few months they signed on the financial property documents with cheating or beating.

Majority (55%) of the respondents feel unsafely concerning their properties. Respondents shared that if any one occupy, they did not have the money to go for a court. If they go to court the law professionals are asking much money to deal this case.

Majority (50%) of the respondents stated that the relatives are ready to occupy the AIDS Orphans properties. Because they knew all the litigations in the properties. After death of the parents money lenders are also create the problem to AIDS Orphans.

Majority (55%) of the AIDS Orphans looking for the legal help to protect their properties. Due to less support from the Bar associations and also less knowledge children are not utilizing the legal help.



Children Living with HIV/AIDS:

Nearly half of the caregivers reported difficulties in administering medications to children. The three most commonly cited problems were the child's refusal to take medications, breaking tablets to get the correct dose, as paediatric formulations were not available before in some areas and children spitting out medications (adult formulations) due to bad taste. Making available pediatric doses with preferred flavors could be a better solution.

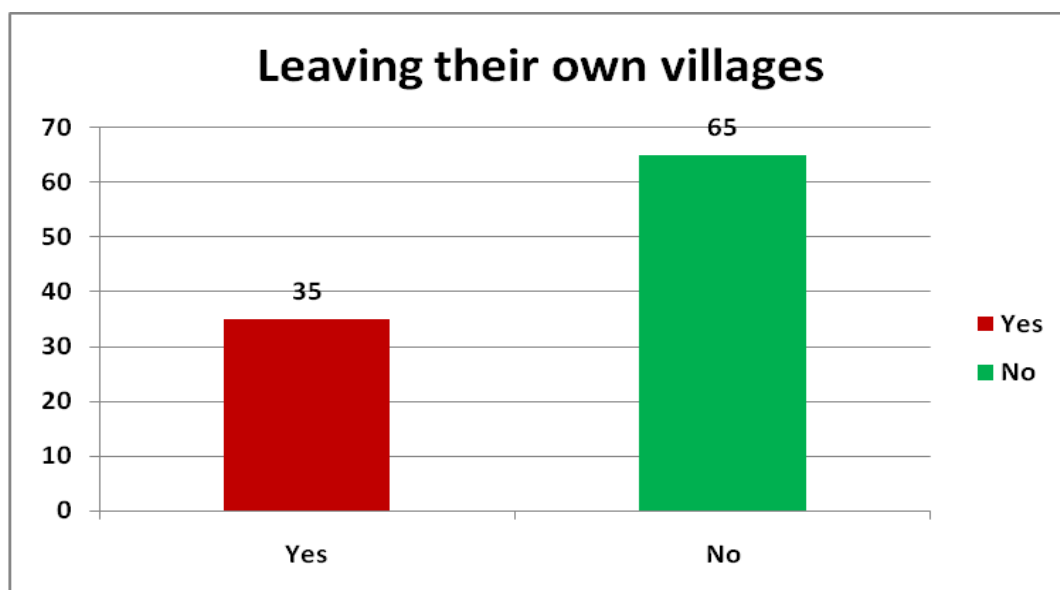
Many of the NGOs and civil society organisations did not promote the support groups at the community level. That was indicative of institutional orientation rather than a predisposition towards articulating community concerns for a frontal attack on the virulent disease. Therefore, lot of sensitization needs to be done with the NGOs also to see the potential of and the potential benefits of involving the community structures to address the issues relating to the care and support of CLHA.

Many CLHA attended functions in other's houses, as they were invited while a few CLHA did not attend functions. The reasons for not attending were discrimination, self-stigma, cultural barriers and health problems. As this impinges on the psychological wellbeing of the CLHA the same need to be addressed carefully.

Migration; after death of the mother or single parents *AIDS Orphans* leaves their own villages. It creates the disturbance in children education and psychological feelings because all are in the new villages and new people and *AIDS Orphans* have no linkages with them. After death of both parents it is too difficult to mingle with the new people. Their parent's death will haunt in their minds and it creates psychological problems in the children.

The study finds that 35% of the respondents left their own villages and homes. They reported that they left the homes due to stigma and discrimination, lack of protection, less of

livelihood opportunities and care and support from the family members in their own villages. The below graph presents severity of the issue among AIDS Orphans.



Recommendation of the Study:

- ❖ Need more focused interventions on AIDS Orphans in India. The Home and Community based interventions will provide the more Care & Support to the AIDS Orphans. That helps to protect the child rights.
- ❖ AIDS Orphans drop out from the schools with different problems. After primary school, the school dropouts are more. Government and Civil Society Organizations have to encourage all children to go for school. Identify the issues of the AIDS Orphans and provide the psychosocial support and send them back to school for continuing their education.
- ❖ The caste based and religion based scholarships and schemes are available in India. The Backward castes and higher caste AIDS Orphans are not accessing those scholarships. So issues based scholarships and schemes need to be start for AIDS Orphans.
- ❖ After death of the both parents most of the AIDS Orphans are living with the aged grandparents but there are focused interventions on grannies. AP Government provides two hundred rupees as an old age pension. Most of the time it is only the income source for the Grannies headed families. Government and NGOs has to introduce grannies based interventions to provide the psychosocial support and livelihoods for them.
- ❖ HIV affected young widows are facing sexual abuse, discrimination, stigma, less livelihood opportunities, property losing and etc. They need separate interventions to get the counselling and support to run their families. Civil Society Organizations have to support them to register in district positive networks and also self help groups to increase their livelihoods.

- ❖ HIV/AIDS make the Children as a head of the house. Children run the families with their positive siblings. The elder child earns the money and provides the love, care, affection and education to the younger siblings. The elder children suffer with the psychological trauma, stigma and discrimination and poverty. NGOs and GOs have to start the programmes to work with the child headed families in India as well as Andhra Pradesh
- ❖ Government and Civil Society Organizations have to come forward to teach the different vocational training which provides the immediate livelihood to AIDS Orphans. No Fee and stipend based vocational trainings will provide the livelihoods to children.
- ❖ Need stipend based vocal trainings at the village level. Most of the time vocational training means tailoring but it is not enough, need many interventions in vocational trainings in the communities. These are also base at villages and make time is also flexible for the AIDS Orphans.
- ❖ NGOs, AASHA Mitra Volunteers, Anganwadi teachers and GOs have to encourage the HIV parents to share their HIV status with their children. Provide the training or technical assistance to parents to disclose their status with the children.
- ❖ Government should have to increase the awareness on Government Schemes because very less children are accessing those schemes. Media also have to create the more awareness on Government schemes to increase the accessibility from the AIDS Orphans.
- ❖ CAA and CLHA face the stigma and discrimination at least once in a life time. Children face the discrimination at communities, schools, water taps, social events, play grounds, work places, health camps, health centers, relative's homes and some places. NGOs, GOs and media have to create the awareness on HIV/AIDS in the rural communities.
- ❖ Promote the life skills education for AIDS Orphans to cope up the situations. Life skills Education, communication skills and decision making skills are very important for the children in those situations.
- ❖ Need child friendly counselling centers in Andhra Pradesh. Children should be change like a Counsellor and provide the counselling to children who come for the HIV test or ART medicine.
- ❖ Formation and strengthening the school support groups in school and provide the knowledge on HIV/AIDS, stigma and discrimination and peer pressure. That helps children to protect their lives from the peer pressure.
- ❖ Need more interventions to promote non institutional care activities like Adoption, Foster Care and Sponsorship.
- ❖ Promote community safety nets with the village level and Mandal level child protection committees.
- ❖ Need interventions to strengthen the single headed families in the communities. If we strengthen the single headed families the AIDS Orphans get relief and continue their education.
- ❖ Need more interventions to promote the Hostels and homes for the AIDS Orphans for immediate care because majority of the AIDS Orphans are interested to stay at communities.
- ❖ NGOs, GOs, and media have to sensitize the communities and promote the responsibility in the communities. The community people also feel responsible regards *AIDS Orphans*

and provide the place to live in the same villages. Majority of *AIDS Orphans* are having the interest to go to back their own villages.

- ❖ Now ART medicine and Neveropien medicine is also available in the communities. Government, NGOs, Social Workers, Medical Officers have to increase the knowledge and utilization of the Nevoripeon tablets and reduce the positive births in the communities. Pregnant women get the clarity on the breast feeding and give the milk to the child.
- ❖ AIDS Orphans need good legal support to protect their financial properties. Civil Society Organizations, Media, Bar Associations and Community structures have to come forward to protect the small properties of the AIDS Orphans. Need to increase the focus on property loosing of the AIDS Orphans. Each village has the legal volunteers they should have focused on this issue and protect the Properties of AIDS Orphans.
- ❖ Bar Associations need to focus on the issue of Property loss of *AIDS Orphans* and start a cell for the *AIDS Orphans* for the free service. Children also have feel lawyers fee is very high. So they do not share the issue with the lawyers.
- ❖ Civil Society Organizations have to promote the HIV test in children and encourage for the early identification. That helps to increase the lifespan of the children through the ART medicine.
- ❖ Government and NGOs have to increase the awareness on ART medicine. PLHA and CLHA also share the same information with their peer groups and increase the accessibility of the ART medicine.
- ❖ Train the Caregivers, volunteers, community elders, anganwadi teachers, health staff, Faith based organization staff provide the updated information about the HIV/AIDS as well as medicine. If information is available in the community, CLHA access the treatment.
- ❖ Use the interactive strategies like storytelling; play way, puppetry, drawing, and role plays to involve the children to maintain the regular adherence. Story telling is the one of the best tool to improve the adherence levels in AIDS Orphans.

Limitations of the Study: While adequate care has been taken to make this study on AIDS Orphans more comprehensive, however, it was not free from some limitations. One of the major limitations of the study is the data collected from the AIDS Orphans who is getting the support from the Non Governmental Organizations' in Krishna District. AIDS Orphans have the lot of problems due to the time and course the researcher focused on the few of the major issues. The extent of reliability and validity of the findings of the study depend upon the usual problems of measurement of attitudes and psychological conditions and quantifications of observational methods.

Conclusion: According to the Constitution, Child Rights Convention / JJ Act / other laws and policies, children have the rights of protection, participation, survival and development as per the best interest of child. But majority of AIDS Orphans are suffering with many issues which was mentioned above and not accessing the rights and services. They practically abused by the society. If child rights will be implemented in the state by the proper way, the AIDS Orphans will get the quality of life. These children need more care & protection to survive in the world.

The present research study on “Situational Analysis of AIDS Orphans: A Study in Krishna District” is focused on the major issues of the AIDS Orphans. However, India adopted many Laws, Policies and issued many G.Os. But the issues of AIDS Orphans are still high in the communities. All these laws and policies promising respect for child rights, their protection and well being have not resulted in much improvement in lives of Indian AIDS Orphaned children who continue to be deprived of the rights, abused, exploited, neglected and taken away from their families and communities. Scant attention and feeble commitment to resolving AIDS Orphans problems have resulted in poor implementation of these laws and policies meager resources, minimal infrastructure, inadequate services in variety, quantity and quality and inadequate monitoring and evolution. Government, Civil Society Organizations, Media, Bar Associations and community structures should have to focus on the issues of AIDS Orphans and bring the focused interventions to promote the quality of life among children orphaned by AIDS.

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