INFLUENCE OF STIGMATIZATION ON PSYCHOSOCIAL WELL-BEING OF HIV/AIDS ORPHANS AND VULNERABLE CHILDREN IN OYO STATE, NIGERIA

Stella Olabisi Oladeji
Department of Adult Education
Faculty of Education, University Of Ibadan

Abstract
Stigmatization puts HIV/AIDS Orphans and Vulnerable Children at risk physically emotionally, socially and economically HIV/AIDS orphans and vulnerable children are at higher risk of missing out in schooling, living in households with less food security, suffer anxiety and depression. The study was carried out to examine the influence of stigmatization on psychosocial well-being of HIV/AIDS orphans and vulnerable children in Oyo State.

The descriptive survey research was adopted and a simple random sampling technique was adopted to select a total of one hundred and eleven respondents used for the study. An adapted questionnaire with reliability coefficient of 0.69 was used for data collection. Four research questions were raised and tested at 0.05 level of significance using Pearson moment correlation coefficient.

The findings showed that stigmatization has to a large extent affected the social well being of HIV/AIDS orphan and vulnerable children (r= -0.63 p.<0.05). It also showed that stigmatization has to a large exploit affected emotional stability of HIV/AIDS orphans and vulnerable children (r= - 0.67 p<0.05). It further showed that stigmatization has to a large extent affected access to education of HIV/AIDS orphans and vulnerable children (r=-0.59 p<00.5).

It was therefore recommended that government should develop policy to meet the needs of HIV orphans and vulnerable children. Non-government organizations should give material support to HIV/AIDS and vulnerable children.

Introduction

Since HIV/ AIDS was discovered in 1981, more than 20 million people have lost their lives to the virus. Nearly 40 million people are currently

living with HIV/AIDS; including nearly 2.2 million children under the age of 15.Ninety-five percent of those living with HIV/AIDS reside in developing countries. Sub-Saharan Africa remains the most affected continent with 1.9 million of the 2.2 million infected children. A joint study conducted by the U.S Agency for International Development [USAID], the United Nations Children's Fund [UNICEF], and the Joint United Nations Program on HIV/AIDS [UNAIDS] found that at the end of 2003, 15 million children under the age of 18 had lost one or both parents to AIDS, with 12.3 million of them found in sub-Saharan Africa (UNAIDS,UNICEF and USAID, 2004)

Between 1990 and 2003, sub-Saharan Africa's population of children orphaned by AIDS increased from less 1 million to more than 12 million. Due to the 10 year time lag between HIV infection and death, expects predict that without the availability of anti-retroviral medications, orphan population will continue to grow for at least two decades after a country has reached its peak HIV infection rate. In Nigeria, for example, although the epidemic has been on a steady decline, from 14% in the late 1980s to 4.1% in 2003, the number of orphans under the age of 15 continued to climb for 10 years after the country's infection rate peaked .Experts report that the number of orphans is only now expected to decline in the country from 14.6% of Nigerian children in 2001 to a projected 9.6% in 2010.

(HIV/AIDS) orphans and vulnerable children are estimated to be about 8,600,000 (UNAIDS and UNICEF 2006) and these children experience a lot of emotional, physical and psychological distress worldwide. The number of children under age 15 who have lost one or both parents to AIDS stands at more than 14 million, and estimates predict this number will surpass 25 million by 2010. The AIDS epidemic in Sub-Saharan Africa is affecting children in many harmful ways, making them vulnerable, leaving them orphaned and threatening their survival.

One serious consequence of AIDS deaths among adults is the increase in the numbers of orphans. A previous projection to estimate the number of orphans in Nigeria was undertaken by the policy project in 2001. This was a more detailed study that analyzed the epidemic on a state by state basis.

HIV/AIDS related stigma has its own unique qualities as it has health and survival implications for children, leading to isolation.

Stigmatization has influence on orphans and vulnerable children ,as such children are more likely to experience hunger, food insecurity are significantly less likely to be in school during parental illness, and are at a higher risk of child labour, in case of adolescent orphans to sexual exploitation and increasing vulnerability to HIV (Foster ,2006)

Stigmatization of HIV/AIDS orphans and vulnerable children increases likelihood of child labour, they are more likely to enter the work force and to be exploited than other children and more likely to fall behind or drop out (Gertler 2004). The experience of orphan and vulnerable children due to stigma varies significantly across families, communities, and countries.Some orphans and vulnerable children are at higher risk of missing out in schooling, living in households with less food security, suffering anxiety and depression and are at higher risk of exposure to HIV (UNAIDS and UNICEF 2006).

HIV/AIDS orphans and vulnerable children have increased risk of malnutrition when compared to those children living with their parents, and they can be stigmatized and discriminated against because of their parents' HIV status among other unfavourable extents (Foster (2000) Leandro Merhi, Lopez, Vilela (2000), Peters, Birnbaum, Mugrditchian (1998), Nampanya (1999). HIV/AIDS epidemic is responsible for countless orphans, some of whom also have HIV facing the hardship of losing their parents, their home and opportunity of going to school.

Statement of the Problem

Orphans and vulnerable children of HIV/AIDS are most characterized essentially with lack of basic needs. These children who not infected become affected and issues like lack of love, affection, parental care become evidence in their lives. These needs arise as a result of illness and the death of one parent or the two parents. This is understandable because AIDS affected households are characterized by economic deprivation, exuberated medical costs and most frequently lack of sufficient food, shelter, schooling and medical care. Therefore the study examined the influence of stigmatization on psychosocial well being of HIV/AIDS orphans and vulnerable children in Oyo State.

Objectives of the Study

1. Examine the extent to which stigmatization affects the social well being of HIV/AIDS orphans and vulnerable children.
2. Find out if stigmatization has anything to do with the emotional stability of HIV/AIDS orphans and vulnerable children.
3. Find out if stigmatization affects access to education of HIV/AIDS orphans and vulnerable children.
4. Find out if stigmatization has anything to do with access to health care of HIV/AIDS orphans and vulnerable children.

Research Questions

1. To what extent has stigmatization affected the social well being of HIV/AIDS orphans and vulnerable children?
2. To what extent has stigmatization affected emotional stability of HIV/AIDS orphans and vulnerable children?
3. To what extent has stigmatization affected access to education of HIV/AIDS orphans and vulnerable children?
4. To what extent has stigmatization affected access to health care of HIV/AIDS orphans and vulnerable children?

Review of Related Literature

History of AIDS

AIDS was first reported June 5, 1981, when the U.S. Centers for Disease Control (CDC) recorded a cluster of pneumocystis carinii pneumonia (now still classified as PCP but known to be caused by pneumocystis jirovecii) in five homosexual men in Los Angeles. In the beginning, the CDC did not have an official name for the disease, often referring to it by way of the diseases that associated with it, for example, lymphadenopathy, the disease after which the discoverers of HIV originally named the virus. They also used Kaposi's Sarcoma and Opportunistic Infections, the name by which a task force had been set up in 1981. In the general press, the term GRID, which stood for Gay-related immune deficiency, had been coined. The CDC, in search of a name, and looking at the infected communities coined "the 411 disease", as it seemed to single out Haitians, homosexual,

hemophiliacs, and heroin users. However, after determining that AIDS was not isolated to the homosexual community, the term GRID became misleading and AIDS was introduced at a meeting in July 1982. By September 1982, the CDC
started using the name AIDS, and properly defined the illness (CDC, 1982).

A more controversial theory known as the OPV AIDS hypothesis suggests that the AIDS epidemic was inadvertently started in the late 1950s in the Belgian Congo by Hilary Koprowski's research into a poliomyelitis vaccine. According to scientific consensus, this sensation is not supported by the available evidence (Norobey, Santiago et al 2004, Berry et al 2005).

A recent study states that HIV probably moved from Africa to Haiti and then entered the United States around 1969 (Gilbert, Rambart, Wlasiuk and Worobey,2007).

HIV/AIDS

Acquired immune deficiency syndrome or acquired immunodeficiency syndrome (AIDS) is a disease of the human immune system caused by the human immunodeficiency virus (HIV) (Sepkowitz,2001, Wiess,1993, Cecil,1988).

This condition progressively reduces the effectiveness of the immune system and leaves individuals susceptible to opportunistic infections and tumors. HIV is transmitted through direct contact of a mucous membrane or the bloodstream with a bodily fluid containing HIV, such as blood, semen, vaginal fluid, trigeminal fluid, and breast milk (Division of HIV/AIDS and San Francisco AIDS Foundation.)

This transmission can involve anal, vaginal or oral sex, blood transfusion, contaminated hypodermic needles, exchange between mother and baby during pregnancy, childbirth, breastfeeding or other exposure to one of the bodily fluids.

AIDS is now a pandemic in 2007, it was estimated that 33.2 million people lived with the disease worldwide, and that AIDS killed an estimated 2.1 million people, including 330,000 children. Over three-quarters of these deaths occurred in Sub-Saharan Africa, retarding economic growth and destroying human capital (UNAIDS, WHO,2007,and Bell, Devarajan, Gershach 2003).

Genetic research indicates that HIV originated in West-Central Africa during the late nineteenth or early twentieth century. AIDS was first recognized by the U.S. Centers for Disease Control and Prevention in 1981 and its cause, HIV, identified in the early 1980s (Gallo 2006).

Although treatments for AIDS and HIV can slow the course of the disease, there is currently no vaccine or cure. Antiretroviral treatment reduces both the mortality and the morbidity of HIV infection, but these drugs are expensive and routine access to antiretroviral medication is not available in all countries. Due to the difficulty in treating HIV infection, preventing infection is a key aim in controlling the AIDS pandemic, with health organizations promoting safe sex and needle-exchange programmes in attempts to slow the spread of the virus.

Normally develop in individuals with healthy immune systems, most of these conditions are infections caused by bacteria, viruses, fungi and parasites that are normally controlled by the elements of the immune system that HIV damages. Opportunistic infections are common in people with AIDS/HIV which affects nearly every organ system.

People with AIDS also have an increased risk of developing various cancers such as Kaposi's sarcoma, cervical cancer and cancers of the immune system known as lymphomas. Additionally, people with AIDS often have systemic symptoms of infection like fevers, sweats (particularly at night), swollen glands, chills, weakness, and weight loss. The specific opportunistic infections that AIDS patients develop depend in part on the prevalence of these infections in the geographic area in which the patient lives.

HIV/AIDS Stigma

AIDS Stigma exists around the world in a variety of ways including ostracism, rejection, discrimination and avoidance of HIV infected people, compulsory HIV testing without prior consent or protection of confidentiality; violence against HIV infected individuals or people who are perceived to be infected with HIV and the quarantine of HIV infected individuals. Stigma related violence or the fear of violence prevents many people from seeking HIV testing, returning for their results, or securing treatment, possibly turning what could be a

manageable chronic illness into a death sentence and perpetuating the spread of HIV (Ogden, 2005).

AID Stigma has been further divided into the following three categories:

- Instrumental AIDS Stigma – a reflection of the fear and apprehension that are likely to be associated with any deadly and transmissible illness (Herek, Capitanio,1999).
- Symbolic AIDS Stigma – the use of HIV/AIDS to express attitudes toward the social groups or lifestyles perceived to be associated with the disease (Herek, Capitanco, 1999).
- Courtesy AIDs Stigma – stigmatization of people connected to the issue of HIV/AIDS or HIV positive people (Snyder, Omoto and Crain ,1999)

Often AIDS Stigma is expressed in conjunction with one or more other stigmas, particularly those associated with homosexuality, bisexuality, promiscuity, prostitution, and intravenous drug use.

In many developed countries, there is an association between AIDS and homosexuality or bisexuality, and this association is correlated with higher levels of sexual prejudice such as anti-homosexual attitudes.

There is also a perceived association between AIDS and all male-male sexual behaviour, including sex between uninfected men (Herek, Capitanio ,1999)

Stigma is a common human reaction to disease. Throughout history many diseases have carried considerable stigma, including leprosy,tuberculosis, cancer, mental illness, and many sexually transmitted diseases. HIV/AIDS is only the latest disease to be stigmatized. Goffman (1963) defines stigma, in general, as an undesirable or discrediting attribute that an individual possesses, thus reducing that individual's status in the eye of society.

Stigma can result from a particular chrematistics, such as a physical deformity, or it can stem from negative attitudes toward the behaviour of a group, such as homosexuals or commercial sex workers. Herek and Mitnick (1998) define AIDS related stigma as prejudice, discounting, discrediting and discrimination directed at people perceived to have AIDS or being infected with HIV and at the individual groups and communities with which they are associated.

Stigma is such a very powerful force that it will persist despite protective legislation or even disclosures by well-known public figures that they have AIDS or are infected with HIV.

Sources of stigma include fear of illness, fear of contagion, and fear of death. Fear of illness and of contagion is a common reaction among health workers, co-workers, and caregivers, as well as the general population. Stigma is one means of coping with the fear that co-member of an affected group (e.g by caring for or sharing utensils with a PLHA) will result in contracting the disease (Brown, Macintyre and Trugilo,2003).

Effects of Stigma

Consequences of stigma can be viewed along a continuum from mild reactions (e.g. silence and denial) to ostracism and ultimately.

However, whatever the form of stigmatization, it inflicts suffering on people and interfers with attempts to fight the AIDS epidemic. In this regard, research has found that not knowing one's HIV status is far preferable to being tested. The fear is that the lack of confidentiality, which is highly likely in many settings, forced disclosure and that individuals can then face prejudice, discrimination, loss of job, strains on or the break-up of relationships, social ostracisation or violence. By displaying this kind of behaviour the transmitting of the virus can continue (Brown, Macintyre and Trujillo, 2003).

HIV/AIDS epidemic has created new opportunities for the manifestation of stigma. The disease characteristics are similar to those of other ailments that commonly evoke stigma: the cause perceived to be bearer's responsibility even though it often may not be the case; it is incurable , it is infectious and can cause others harm, and in some cases it can be identifiable (Herek, 1999).

Orphan and Vulnerable Children

The concepts of orphan and vulnerable child are social constructs that vary from one culture to another. In addition, these terms take on different definitions that can be at odds with one another depending on whether they were developed for the purpose of gathering and presenting quantitative data for developing and implementing policies and programs. (UNICEF,2003).

For quantitative purposes, the term "orphan" may refer to a child who has lost only his or her mother, only his or her father, or both parents. Different ages have also been used to classify children as orphans, with international organizations and governments variously defining orphans and vulnerable children in the under 15 or under 18 age groups. A UNAIDS report (2003) has defined an orphan and vulnerable child as "a child below the 18 who has lost one or both parents or lives in a household with an adult death (age 18-59 years) in the past 12 months or is living outside of family care". The concept of vulnerability is complex and may include children who are destitute from causes other than HIV/AIDS.

Economic Issues on HIV/AIDS Orphans and Vulnerable Children

HIV/AIDS has vital multisectoral, multidimensional, economic implications for persons living with AIDS, their families and households, the children they leave behind, and the community at large. The economic impacts of a parent's illness on the family (especially the children) are felt in the following areas:

- Education;Children may have to take time off from school or lack school fees materials especially at the secondary level.
- Labour: Due to the low productivity of the sick parent, workloads for children and extended family members increase. Children may begin to work in the formal or informal labour market to earn money for the household.
- Food scanty: Health and nutrition status declines as less money is available to properly feed the household. In agrarian regions, families may no longer have sufficient labour to till land and may lack adequate farm tools and other productive assets and inputs. Farming skills may not have been transferred to children.
- Health: Families may lack money for medical services after spending most of their resources on the person who is ill.
- Shelter: The sick adult may have liquidated protective assets such as housing and residential plots. Children need a home and caregiver after the death of a parent (UNAIDS, 2003).

Research Methodology

Research Design

The survey research design was adopted for the study as was enabled the researcher to collect detailed information on the research problem. Also, neither of the variables (independent and dependent) was manipulated by the researcher.

Study Population

The target population for this study consists of Orphans and Vulnerable children from three Non-Governmental Organizations. They are Family Health and Population Action Committee (FAHPAC) in Ibadan, Dignified Youth in Ibadan ,and Women and Children Alliance in Ogbomoso in Oyo State,and officials of the NGOs

Sample and Sampling Technique

The simple random sampling technique was used to select respondents from Family Health and Population Action Committee (FAHPAC) and Dignified youth, and Women and Children Alliance. The sample consists of 40 respondents each from the NGOs to make a total of 120 respondents. The orphans and vulnerable children ages ranges between 10 and 17years

Research Instrument

The main instrument used for this study was an adapted questionnaire. The questionnaire was made up of five sections:

Section 1: This section focused on the respondents bio-data which included sex, age, marital status, religion, educational qualification,etc.

Section 2: This section seeks questions on stigmatization using items adapted from Norman, Carr, and Heather (2005) “HIV/AIDS stigma and Discrimination Questionnaire.

Section 3: This section deals with items on social wellbeing. The item was adapted from work and Gerontology, (2004) social wellbeing questionnaire.

Section 4: This section measures information on emotional stability. The items will be adapted from emotional wellbeing scale developed by Copenhagen psychosocial questionnaire (2009).

Section 5: This section seeks information on access to education. The item was adapted from Copenhagen psychosocial questionnaire (COPOSQ) 2009.

Section 6: This section measures information on access to health care. The items were structured by the researcher.

Validity of the Instrument

The draft questionnaire was given to experts in this field of social work and Adult Education/Psychology and the researcher's supervisor, corrections and suggestion helped to ascertain the face and content validity of the instrument.

Method of Data Analysis

The data collected was analyzed using simple percentages, frequency counts and Pearson Moment Correlation Co-efficient at 0.05 level of significance.

Analysis of Research Questions

Research Question 1

To what extent has stigmatization affected the social wellbeing of HIV/AIDS orphans and vulnerable children?

Table 1: Pearson Moment Correlation Showing Relationship Between Stigmatization and Social WellBeing of HIV/AIDS orphans and vulnerable children

Variable	Mean	Std	n	r	df	P	Remark
Stigmatization	41	416	111		110	0.05	Sig
Social well being	20.97	368	111	-0.63			

Table 1 above shows the relationship between stigmatization and social wellbeing of HIV/AIDS orphans and vulnerable children.

The data shows that stigmatization and social wellbeing are significantly negatively correlated (r = -0.63; P<0.05). The findings show that there is a significant negative relationship between stigmatization and social wellbeing of HIV/AIDS orphans and vulnerable children. Stigmatization has to a large extent affected social wellbeing of HIV/AIDS orphans and vulnerable children. From the findings, the social wellbeing of HIV/AIDS orphans and vulnerable children have been affected by stigmatization. Thus making them vulnerable as well as lacking basic amenities such as food for healthy living, shelter since their parents are dead and may not be taken in by relatives due to their parents HIV/AIDS status and may also lack clothing.

findings is in line with the findings of a study carried out by UNICEF (2006) that AIDS orphans and vulnerable children lack access to basic necessities such as shelter, food and clothing.

Similarly, the findings agree with the findings of Ministry of Health and Child Welfare (2003) in Zambawe that HIV/AIDS orphans suffer malnutrition than non orphans.

Research Question 2

To what extent has stigmatization affected emotional stability of HIV/AIDS Orphans and Vulnerable Children?

Table 2: Pearson Moment Correlation Showing Relationship Between Stigmatization and Emotional Stability of HIV/AIDS orphans and vulnerable children?

Variables	Mean	std	N	r	df	P	Remarks
Stigmatization	46.190	3.773	111	-0.67		P<0.05	Sig
Emotional Stability	43.117	4.541			110		

Table 2 shows that there is a negative significant relationship between stigmatization and emotional stability of HIV/AIDS orphans and vulnerable children.

This means that stigmatization and emotional stability were significantly and negatively correlated (r = -0.67, P < 0.05). This means that the more the stigmatization, the less the emotional stability of HIV/AIDS orphans and vulnerable children. Stigmatization has to a large extent affected emotional stability of HIV/AIDS orphans and

vulnerable children. Stigmatization affected emotional stability of HIV/AIDS orphans and vulnerable children as such children suffer anxiety, depression, isolation becomes frustrated, alone even at times of critical decision, exposed to traumatic events and daily life stress, they at times suffers emotional stress that interferes with their schooling.

The finding agrees with the findings of USAID/SCOPE-OUFHI (2002) that high levels of psychological distress were found in children who had been orphaned by AIDS as well as anxiety, depression and anger were more found to be more common among AIDS orphans than other children.

Research Question 3

To what extent has stigmatization affected access to education of HIV/AIDS orphans and vulnerable children?

Table 3: Pearson Moment Correlation Showing Relationship Between Stigmatization and Access to Education of HIV/AIDS orphans and vulnerable children

Variables	Means	std	N	r	df	P	Remarks
Stigmatization	46.08	4.68				P<0.05	Sig
Access to education	30.15	3.49	111	-0.59	110		

Table 3 above presents the data on the extent to which stigmatization affects access to education. The data indicated that stigmatization and access to education were significantly but negatively correlated ($r = -0.59$; $P < 0.05$). The implication of the finding is that the more the stigmatization the less the access to education of HIV/AIDS orphans and vulnerable children. This implies that stigmatization has to a large extent influenced access to education of HIV/AIDS orphans and vulnerable children. Orphans may sometimes miss schooling due to the fact that may have no parents that could cater for their needs, and during parents illness they may be the only one taking care of them . Some may find it difficult furthering their school due to lack of fund for tuition and school items and as such may be subjected to exploitative labour and sexual abuse in case of girls.

The findings agree with findings of Mishra and Arnold (2005) that children orphaned by AIDS may miss out on school enrolment, have their schooling interrupted or perform poorly in school as a result of their situation.

Similarly, United Nations Children Fund (2003) study found out that AIDS orphans may also miss out on valuable life skills and practical knowledge that would have been passed on to them by their parents.

Moreover findings of Foster (2000), Foster and Williams (20000)
Seprel, 2001and Graseely and Timaeus corroborate this finding as they found out that HIV/AIDS Orphans suffer more vulnerability than non orphans in terms of education.

Research Question 4
To what extent has stigmatization affected access to health care of HIV/AIDS orphans and vulnerable children?

Table 4: Pearson Moment Correlation Showing the Relationship between Stigmatization and Access to Health Care of HIV/AIDS Orphans and Vulnerable Children

Variables	Mean	Std	N	R	Df	P	RMK
Stigmatization	37.19	4.1	100	-0.43	99	0.05	Sig
Access to Health Care	28.73	4.2					

Table 4 above presents the extent to which stigmatization affects access to health care of HIV/AIDS orphans and vulnerable children. The data indicated that stigmatization and access to health care of HIV/AIDS orphans and vulnerable children were significantly but negatively correlated. This implies that stigmatization has to a greater extent influenced access to health care of HIV/AIDS orphans and vulnerable children. Orphans and vulnerable children's loss of parents may hinder them having access to health care facilities through denial and lacking financial capability for good health care services at times of illness.

The finding supports the findings of UNICEF (2006) that AIDS orphans and vulnerable children lack access to basic necessities such as shelter, food, clothing, health and education.

Conclusion

The study assessed the influence of stigmatization on psychosocial well being of HIV/AIDS orphans and vulnerable children.

Stigmatization has contributed a lot to the plight of HIV/AIDS orphans and vulnerable needs physical, emotional, cognitive, social development needs and fulfillment of these needs is essential to their positive development and impact of stigmatization impede this.

Recommendations

Based on the findings, the researcher gave the following recommendations:

Government

- Government at all levels should improve growth and survival and development of HIV/AIDS orphans and vulnerable children through exposés by removing financial barriers to by supporting their health, education and other basic needs.
- Governments at all levels should restructure the educational system by increasing the relevance of school curriculum for HIV/AIDS orphans and vulnerable children.
- Governments at all levels should improve the health status of HIV/AIDS orphans and vulnerable children through improving access to health care by providing free health care services.
- Governments at all levels should increase access to education through microfinance for these orphans and vulnerable children.
- Governments at all levels should protect the rights of HIV/AIDS orphans and vulnerable children as well as provide comprehensive care including mobilizing, strengthening local base to reduce and eradicate stigma and discrimination towards HIV/AIDS orphans and vulnerable children in educational institutions, health care setting, religious organizations and neighbourhood.
- Government should develop policy to meet the needs of HIV/AIDS orphans and vulnerable children.
- Government at all levels needs to embark on more HIV/AIDS prevention programmes to prevent people becoming infected

with HIV so that the number of children orphaned in the future is minimized.

- Government at all levels should provide initiatives through increasing access to essential services such as education, health, nutrition, water and sanitation amongst HIV/AIDS orphans and other vulnerable children.
- Government should also establish a National Orphan/Vulnerable Care Task Force to cater for monitoring, planning and revising all programmes for orphan care.
- Government should mount empowerment programmes for HIV/AIDS orphans and vulnerable children to have lessened the impact of AIDS in their communities.

Non -Governmental Organizations

- Non-governmental organizations should support families catering for HIV/AIDS orphans and vulnerable children through special fund.
- Non-governmental organizations should give material support such as food, soap, clothes, school uniforms to HIV/AIDS orphans and vulnerable children
- Non-governmental organizations should provide community day care for HIV/AIDS orphans and vulnerable children.
- Non-governmental organizations should strengthen community support programmes for education of HIV/AIDS orphans and vulnerable children.
- Non-governmental organizations should increase community awareness and accountability about the rights of HIV/AIDS orphans and vulnerable children.

Community

- Communities need to be supportive of children that are orphans/vulnerable as a result of HIV/AIDS by making sure that they are accepted and have access to essential services such as health care and education.
- Communities should continue existing efforts to reduce discrimination against HIV/AIDS orphans and vulnerable children.

- Communities should provide care and support to orphans and vulnerable children and their families.
- Communities should be involved in the policy process to produce long term solutions that will be effective in addressing the problem of HIV/AIDS.

References

UNAIDS, "Investing in Our Future: Psychological Support for Children Affected by HIV/AIDS. UNIADS Case Study, July 2001, (http://www.unaids.org).

UNAIDS, UNICEF, and WHO, *Young People and HIV/AIDS: Opportunity in Crisis,* 2002, http://www.unicef.org/newsline/02pr42opportunity.htm).

Johnson, Jenny, "South Africa's Secret Horror," The Mirror, February 8, 2003.

Ayieko, M.A. "From Single Parents to Child-Headed Households. The Case of Children Orphaned by AIDS in Kisimu and Siaya Distrrict. UNDP Study Papert 7, 1998, pp. 7 and 14, (http://www.undp.org/hiv/publications/study/english/sp73.htm).

UNAIDS, "Investing Our Future: Psychosocial Support for Children Affected by HIV/AIDS. *UNAIDS Case Study,* July 2001, p. 30, (http://www.unaidsorg/en/default.asp).

Suffering in Silence: The Links between Human Rights Abuses and HIV Transmission to Girls in Zambia, a Human Rights Watch released in November 2002, discusses the sexual vulnerabilities of young girls, (http://www.hrw.org/reports/2003/Zambia/Zambia 1202.pdf).

Agleton, Peter, Shalini Bharat, and Paul Tyrer, India: (2001) HIV and AIDS-related Discrimination Stigmatization and Denial (Geneva: UNAIDs p. 8.

Philip, John, "India-AIDS-Schools: Indian School Ostracized after Admitting HIV-Positive Children. Agence France-Presse, March 2, 2003.

Posted on AIDS Education Global Information System (AEGIS), reported by Richards, Peter, "Right-Trinidad and Tobago: Children with AIDS Continue to Be Shunned,: *Inter Press Service,* June 3, 1999 (http://www.aegis.com).

World Economic Forum (2003) "African Food Security: A Role for Public-Private Partnership".December 6, (http://www.weforum.org.

De Waal, Alex, "What AIDS Means in Famine. *New York Times,* November 19, 2002.

World Economic Forum, "African Food Security: A Role for Public-Private Partnership. December 6, 2003, [http://www.weforum.org].

Bell, Clive, Shanta Devarajan, and Hans Gerbach (2003) "The Long-Run Economic Costs of AIDS. Theory and Application to South Africa". (Washington: World Bank, P. 6, (http://econ.worldbank.org/files/30343 wps3152.pdf).

Jingzhong, Wang, "AIDS Orphan Crisis Poses Grave Challenge to Africa". Xinhua General News Service, November 28, 2002.

Gibson, William E., "AIDS Crisis Spurs US into Action. Florida Sun-Sentinel, June, 23, 2002.

Bray, Rachel (2003) "Predicting the Social Consequences of Orphanhood in South Africa" Centre for Social Science Research (CSSR) Working Paper 29, February 2003.

Human Rights Watch, "In the Shadow of Death: HIV/AIDS and Children's Rights in Kenya."*Human Rights Watch Publications,* vol. 13. no. 4(A) (June 2001), p. 1". [http://www.hnv.org/reports/2001/kenya/].

Wax, Emily, "A Generation Orphaned by AIDS." *Washington Post.* August 13. 2003.

Sepkowitz,K.A. (June 2001). "AIDS-the first 20 years."*N. Engl. J. Med* 344 (23): 1764-72 doi: 10.1056/NEJM 20010673442306. PMID 11396444

Weiss,R.A (May 1993). "How does HIV cause AIDS?" *Science (journal)* 260 (5112: 1273-9 PMIS 8493571.

Cecil, Russell (1988). *Textbook of Medicine,* Philadelphia: Saunders, pp. 1523, 1799, ISBN 0721618480.

UNAIDS, WHO (December 2007). "2007 AIDS epidemic update". (PDF). http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf. Retrieved 2008-03-12.

Ayieko, M.A. (1998).“From Single Parents to Child-Headed Households: The Case of Children Orphaned by AIDS in Kisumu and Siaya Districts”. UNDP Study Paper.

Hepburn, Army E. (2001) Primary Education in Eastern and Southern Africa: Increasing Access for Orphans and Vulnerable Children in AIDS- Affected Areas. Terry Sanford Institute of Public Policy, Duke University p. 12.

Stanmeyer (2002).AIDS in Asia: Cruel Epidemic Hits Kids Hard” San Francisco Gate, December 19 (http://www.sfgate.com).

UNAIDS (2004), Accelerating Action against AIDS in Africa. P. 24 (http://www.unaids.org)

UNAIDS and WHO (2004) .Epidemiological Fact Sheets: India Geneva: 2004. p.1 (http://www.who.int/Global Atlas/PDF Factory/HIV/EFS PDFs/EF 2004Za.pdf).

UNAIDS and World Health Organization (WHO) (2004).AIDS Epidemic Update December Geneva: 2004, P.1.

UNAIDS, UNICEF, and USAID (2004), Children on the Brink. A Joint Report of New Orphan Estimates and a Framework for Action. New York City.

UNICEF, A Study on Street Children in Zimbabwe, 2001, (http://www.unicef.org/evaldatabase/index 1441.html).

Ayieko, M. A., "From Single Parents to Child-Headed Households: The Case of Children Orphaned by AIDS in Kisumu and Siaya Districts." UNDP Study Paper 7. 1998. pp. 7 and 14, [http://www.undp.org/hiv/publications/study/english/sp7e.htm].

UNAIDS, "Investing Our Future: Psychosocial Support for Children Affected by HIV/AIDS. *UNAIDS Case Study,* July 2001, p. 30, [http://www.unaids.org, default. asp].