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Awareness of the Availability and Accessibility of Government Services for Orphans and Vulnerable Children (OVC) Affected by HIV/AIDS in Three Coastal Districts of Tamil Nadu, India

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ABSTRACT

The AIDS epidemic continues to pose a serious threat to the well-being of numerous children in underprivileged areas. The increasing prevalence of HIV and AIDS in India has led to a significant rise in the number of orphans in recent years. The study examines the awareness levels of Orphan and Vulnerable Children (OVC) affected by HIV/AIDS about government healthcare and related services in three coastal districts of Tamil Nadu—Kancheepuram, Villupuram, and Cuddalore—through a descriptive research approach. Data was collected from 180 OVC, comprising 60 HIV-infected and 120 affected children, equally distributed across urban and rural areas by using a self-structured interview schedule. The findings of the study indicate that children have a high level of awareness about the services provided by the government and they are receiving it. The government services particularly provided for the orphan and vulnerable children are nutritional, educational, and medical assistance.

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INTRODUCTION

The AIDS epidemic is growing and puts millions of youngsters in underdeveloped areas under danger. Many of the youngsters from impacted homes have great responsibilities include parenting younger siblings, caring for ailing parents, and fighting for survival. While 2.1 million children under 15 are HIV-positive, globally around 5% of children affected by HIV/AIDS live on the streets or in institutions. HIV/AIDS has caused about two million children in India to lose their parents, hence increasing the count of orphans in the country. India has the most AIDS orphans worldwide; in the next years, this figure is likely to increase. Children from HIV-affected homes sometimes drop out of school, lack basic needs, or find themselves compelled into exploitative employment; studies have shown that they suffer great financial difficulties and prejudice. Particularly young girls, the stigma around HIV/AIDS further limits their access to treatment, education, and necessary support networks, thereby rendering them very susceptible.

With 22 out of 30 districts categorized as high-risk zones, Tamil Nadu is among the most incidence HIV states in India. An estimated 144,000 persons residing in the state are HIV positive; 22,000 of them are on antiretroviral therapy (ART). Although the true count is unknown owing to societal shame, Tamil Nadu boasts around 1,500 to 2,000 children who have lost their parents to AIDS. Though their resources are limited and largely focused on metropolitan regions, NGOs and community-based groups provide help. them times, government programs reject orphans not enrolled at ART centers, therefore depriving them of appropriate assistance. The weakening of family and community support structures has exposed OVC to abuse, homelessness, and lack of education, therefore increasing their vulnerability to additional exploitation and health hazards. Global attempts to solve this problem nonetheless show that resources are still inadequate to satisfy the rising demands of these children, therefore underscoring the pressing necessity of a coordinated response to assist OVC and their families.

Background of the Study

The study aims to understand the link between poverty and the spread of HIV/AIDS while providing support to AIDS orphans and vulnerable children affected by the pandemic. There is a growing need for global awareness, advocacy, and comprehensive support systems for these children, their families, and the communities that care for them. Research by Cluver and Gardner (2007) indicates that children orphaned by AIDS are more likely to suffer from psychological issues, particularly internalizing problems like depression and anxiety. Similarly, Murphy et al. (2006) found that losing parents to HIV/AIDS negatively impacts a child's childhood experience and academic achievement, leading to lower school enrollment and higher dropout rates, particularly in developing countries. Evidence also suggests that children of HIV-positive parents face increased mental health and behavioral challenges, making them more vulnerable to emotional distress and instability. Several studies have examined the challenges faced by orphans and vulnerable children (OVC) worldwide, highlighting their struggles with education, mental health, and social stigma. However, the present study takes a different approach by focusing on the accessibility of available services for OVC.

Objectives of the Study

1. To know the level of awareness regarding healthcare and other related services for OVC provided by the Government.
2. To evaluate the accessibility of services and resources available for OVC in terms of healthcare and other related services.

Research Methodology

To address the research objectives, appropriate data collection tools were employed to ensure the accuracy and reliability of the collected information. This study utilized in-depth personal interviews with well-structured and tested interview schedules to gather primary data from respondents. A mixed-method approach, incorporating both qualitative and quantitative research methods, was adopted to

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provide a comprehensive understanding of the situation of Orphan and Vulnerable Children (OVC) and assess the availability and accessibility of government services for them. A descriptive research design was employed to examine the awareness levels of OVC affected by HIV/AIDS regarding healthcare and other related services in three coastal districts of Tamil Nadu—Kancheepuram, Villupuram, and Cuddalore. In addition to primary data collection, secondary data was gathered from books, research journals, theses, newspapers, reports from government and non-governmental organizations (NGOs), and relevant websites, providing contextual support and facilitating the triangulation of findings. The study sample consisted of 180 OVC respondents, including 60 HIV-infected children and 120 affected children, ensuring a diverse representation. The sample was equally distributed across urban and rural areas to achieve a balanced demographic perspective. Data was collected through a self-structured interview schedule, incorporating both open-ended and close-ended questions to capture detailed insights into respondents' knowledge, experiences, and utilization of government-provided healthcare and welfare programs. This studyaims to provide actionable insights that can contribute to the development of effective intervention programs to improve government services for OVC.

ANALYSIS AND RESULTS

The level of awareness regarding healthcare and other related services for Orphan and Vulnerable Children (OVC) provided by the government is notably high, as all OVC children are well-informed about the available support systems. This is primarily due to the dedicated efforts of counselors from the Antiretroviral Therapy (ART) wards in government hospitals, who play a crucial role in educating both orphan children (OC) and vulnerable children (VC) about the healthcare benefits and welfare schemes they are entitled to. These counselors ensure that children and their guardians receive comprehensive information about medical assistance, nutritional support, financial aid, and other essential services. Through regular counseling sessions and continuous engagement, the ART ward professionals effectively bridge the gap between government schemes and beneficiaries, ensuring that every eligible child is aware of and can access the necessary services for their well-being and development.

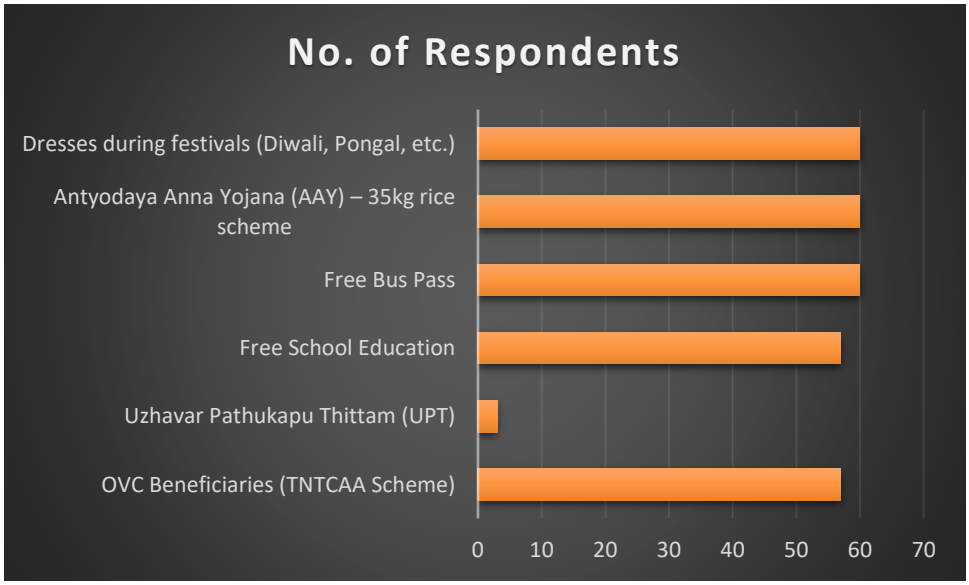


Figure: 1

Distribution of OC Respondents based on Assessing the available Government Services

The above figure: 1 reveal that the distribution of government services to Orphan Children(OC) respondents is extensive and multifaceted, addressing a range of needs based on their eligibility and

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specific circumstances while receiving assistance. Various government schemes ensure that orphaned children have access to essential support systems, including healthcare, education, nutrition, financial assistance, and social welfare programs. The allocation of these services is structured to provide holistic support, ensuring that beneficiaries receive aid tailored to their specific needs, ultimately contributing to their overall well-being and development.

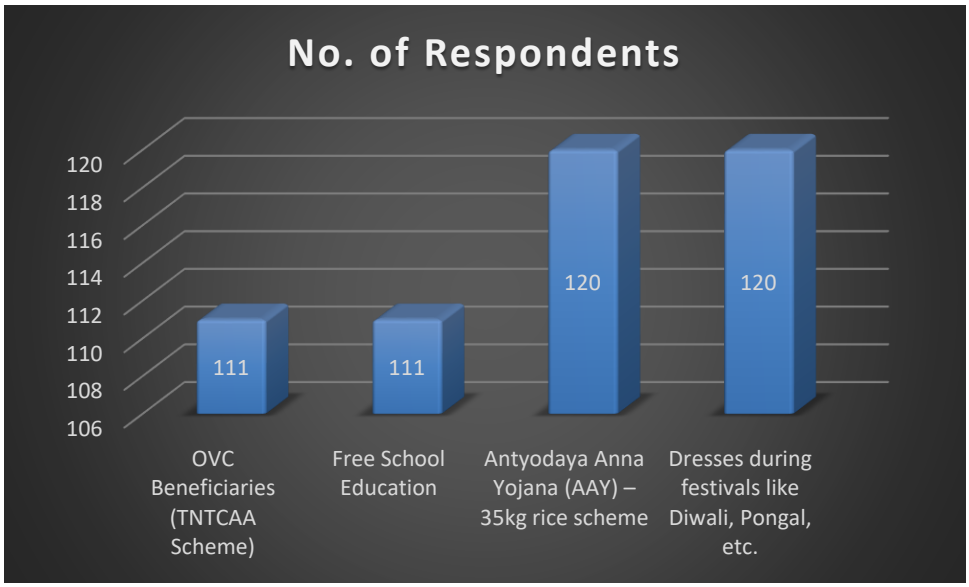


Figure: 2

Distribution of VC Respondents based on assessing and Receiving Government Services

The above figure: 2 reveals that the distribution of Vulnerable Children (VC) respondents based on accessing and receiving government services. The government provides a range of services to vulnerable children based on their eligibility and specific needs. The distribution of these services among the respondents highlights the broad scope of support available, ensuring access to essential benefits such as healthcare, education, nutrition, financial assistance, and social welfare programs. These services aim to enhance the well-being of vulnerable children by addressing their fundamental needs and providing them with opportunities for a better future.

FINDINGS:

1. All 60 orphan children (OC) and 120 vulnerable children (VC) are aware of government healthcare and related services, ensuring better access and utilization.
2. Under age-based benefits, 57 out of 60 Orphan Children (OC) respondents are eligible and receiving the OVC Beneficiaries (Tamil Nadu Trust for the Children Affected by HIV/AIDS - TNTCAA), which is specifically targeted at children under 18 years old and offers various forms of assistance tailored to the needs of young orphans.
3. Under age-based benefits, three Orphan Children (OC) respondents who are over 18 years old and reside in rural areas benefit from the UzhavarPathukapuThittam (UPT), which is designed to provide support to individuals in rural communities who have reached adulthood.
4. Under educational support, all 60 Orphan Children (OC) respondents receive free education, ensuring that they have access to schooling without financial burden, which is crucial for their overall development and future prospects.

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5. Under transportation and nutritional assistance, all 60 Orphan Children (OC) respondents are provided with a free bus pass for hospital visits to collect ART (Antiretroviral Therapy) tablets, ensuring that transportation costs do not hinder their access to essential medical care.
6. Under transportation and nutritional assistance, the Antyodaya Anna Yojana (AAY) scheme provides 35 kg of rice monthly to all 60 Orphan Children (OC) respondents, addressing their nutritional needs and ensuring they have sufficient food resources.
7. Under clothing and additional support, the government provides clothing for all the 60 Orphan Children (OC) respondents for the festivals such as Diwali and Pongal, ensuring that these children can partake in cultural and traditional celebrations.
8. Under additional government assistance, all the 60 Orphan Children (OC) respondents are receiving education in government schools and through Right to Education (RTE) ensures that those seeking admission to private schools can access quality education without facing financial barriers.
9. Under additional government assistance, all the 60 Orphan Children (OC) respondents are eligible and if they need of accommodation can access free hostel facilities or orphanages, which is especially crucial for those without guardians or stable living conditions.
10. Under essential documentation, the government facilitates the opening of various types of bank accounts, including General and Zero Balance accounts, as well as Post Office Accounts, to ensure financial inclusion for all the 60 Orphan Children (OC) respondents.
11. Under essential documentation, respondents receive assistance in obtaining essential documents such as Ration Cards, Voter ID Cards, Income Certificates, Birth and Death Certificates, Community and Nativity Certificates, Residence Certificates, Caste Certificates, Disability Certificates, Passports, and PAN Cards, which are vital for accessing additional services, education, employment opportunities, and government benefits for all the all the 60 Orphan Children (OC) respondents.
12. Out of the total Vulnerable Children (VC) respondents, 111 are eligible and receiving the OVC Beneficiaries Tamil Nadu Trust for the Children Affected by HIV/AIDS (TNTCAA Scheme), which supports children under 18 years of age and offers various benefits tailored to the needs of orphans and vulnerable children.
13. All 111 Vulnerable Children (VC) respondents in the under-18 age group receive free school education, ensuring that financial constraints do not prevent them from attending school.
14. The Antyodaya Anna Yojana (AAY) scheme provides 35 kg of rice per month to all 120 Vulnerable Children (VC) respondents, helping meet their nutritional needs and ensuring essential food security.
15. Government support includes providing dresses for festivals like Diwali and Pongal to all 120 Vulnerable Children (VC) respondents, allowing them to participate in cultural and traditional celebrations.
16. The Right to Education (RTE) Act ensures that children needing admission to private schools receive government assistance, allowing them to access quality education regardless of their financial situation and all Vulnerable Children (VC) respondents are studying in Government Schools.
17. The government provides free hostel and orphanage facilities for Vulnerable Children (VC) who require accommodation away from home, supporting those without guardians or stable living conditions.

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18. The government facilitates the acquisition of crucial documents for all Vulnerable Children (VC) respondents, ensuring access to various government benefits and services.
19. To promote financial inclusion, the government assists in opening general and zero-balance bank accounts, as well as Post Office accounts, for all Vulnerable Children (VC) respondents.
20. Essential identification and certification services include providing Ration Cards, Voter ID Cards, Income Certificates, Birth Certificates, Death Certificates, Community Certificates, Nativity Certificates, Residence Certificates, Caste Certificates, Disability Certificates, Passports, and PAN Cards for all the Vulnerable Children (VC) respondents.
21. These comprehensive government initiatives ensure that orphaned and vulnerable children receive educational, nutritional, financial, and legal support, helping them build a secure and stable future for all the Vulnerable Children (VC) respondents.

SUGGESTIONS

The research emphasizes for orphans and vulnerable children (OVC) afflicted by HIV/AIDS the need of knowledge and accessibility to government assistance. Periodic surveys conducted by educational institutions will help to raise awareness by evaluating the degree of knowledge among OVC and pointing out areas of government service access lacking. Government departments and non-governmental organizations should work together to enhance the information sharing on accessible assistance programs. Strengthening community-based initiatives will also help to guarantee that guardians and caregivers of OVC are knowledgeable about the services and benefits they are entitled to. Local government agencies should work pro-actively to streamline application procedures, therefore facilitating OVC access to healthcare, financial help, and educational opportunities. Increasing digital channels and hotline services will help to further provide simple access to knowledge about government aid initiatives. Finally, consistent evaluations and feedback systems should be set up to gauge the success of awareness campaigns and enhance the provision of services.

CONCLUSION

The study reveals that awareness of government services among orphans and vulnerable children (OVC) affected by HIV/AIDS in the three coastal districts of Tamil Nadu is relatively high. Most OVC are well-informed about the available healthcare, education, financial aid, and social welfare programs, ensuring better access and utilization. However, despite this awareness, challenges may still exist in fully accessing and benefiting from these services due to bureaucratic hurdles or lack of guidance. Strengthening awareness initiatives, simplifying processes, and ensuring continuous outreach can further enhance the accessibility and effectiveness of these government programs, ultimately improving the well-being and future of OVC in the region.

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