Association François-Xavier Bagnoud

O R P H A N   A L E R T   2
Children of the HIV/AIDS Pandemic
The Challenge for India

CONTENTS

INTRODUCTION

India currently faces a rapidly increasing HIV/AIDS pandemic that could devastate communities, as well as the entire national economy, in the same way that it has done across sub-Saharan Africa, if not brought under control. In some ways India is at an advantage over many other countries. East and central Africa had already suffered the impact of a disease known as "slim" before HIV was identified, and "slim" disease became known across the world as AIDS. By contrast, HIV/AIDS focused programmes are already up and running in India, raising awareness and providing support for affected people. However the professionals and volunteers engaged in the war against HIV/AIDS face many challenges; working in a country with high levels of migratory work practice, low levels of literacy, and with many at risk people living in remote rural locations. There are already 3.7 million people in India living with HIV/AIDS[i], which means that even if prevention programmes surpass the most optimistic expectations, India is already guaranteed that many of its children will be left without parents due to the scourge of the pandemic.

Clearly work needs to be done to provide support for AIDS orphans, and sooner rather than later. With this in mind, FXB commissioned me to carry out preliminary research to provide information on the situation of orphanhood in India. The main purpose of the research was to assess the current situation of orphanhood in India, with a view to gaining an understanding of the specific needs faced by orphans and those households caring for them. In addition an assessment was also made of institutional care, as well as an analysis of migration patterns, in relation to HIV/AIDS risk, in order to understand how this may affect patterns of AIDS orphaning in India. The aim of this research has been to provide an understanding of orphaning (the causes of orphan numbers), orphanhood (the situation of being an orphan) and fostering (caring for orphans) in India that can be combined with knowledge gained from Africa of the specific effects of AIDS orphaning. The objective is that this will provide a basis for planning ahead for the predictable AIDS orphan crisis that India will face in the near future.

India has not yet experienced a large scale AIDS orphan crisis, but with sero-prevalence rising fast, HIV/AIDS is certain to make a dramatic increase on the already high numbers of orphans in India. Experience from Africa shows that high AIDS mortality does more than just create a large number of orphans, but also diminishes the orphan care base. AIDS does not only take away children's parents but also many of those who would normally be there to take care of them; extended family, the local community, school teachers and community workers, for example. In the worst hit areas the whole adult population has been decimated, leaving large numbers of children in the care of the few adults that survive, often their grandparents or other elderly relatives. At the same time those children not left orphaned often have to live in households constrained by the economic burden of fostering orphans in some of the world's poorest communities.
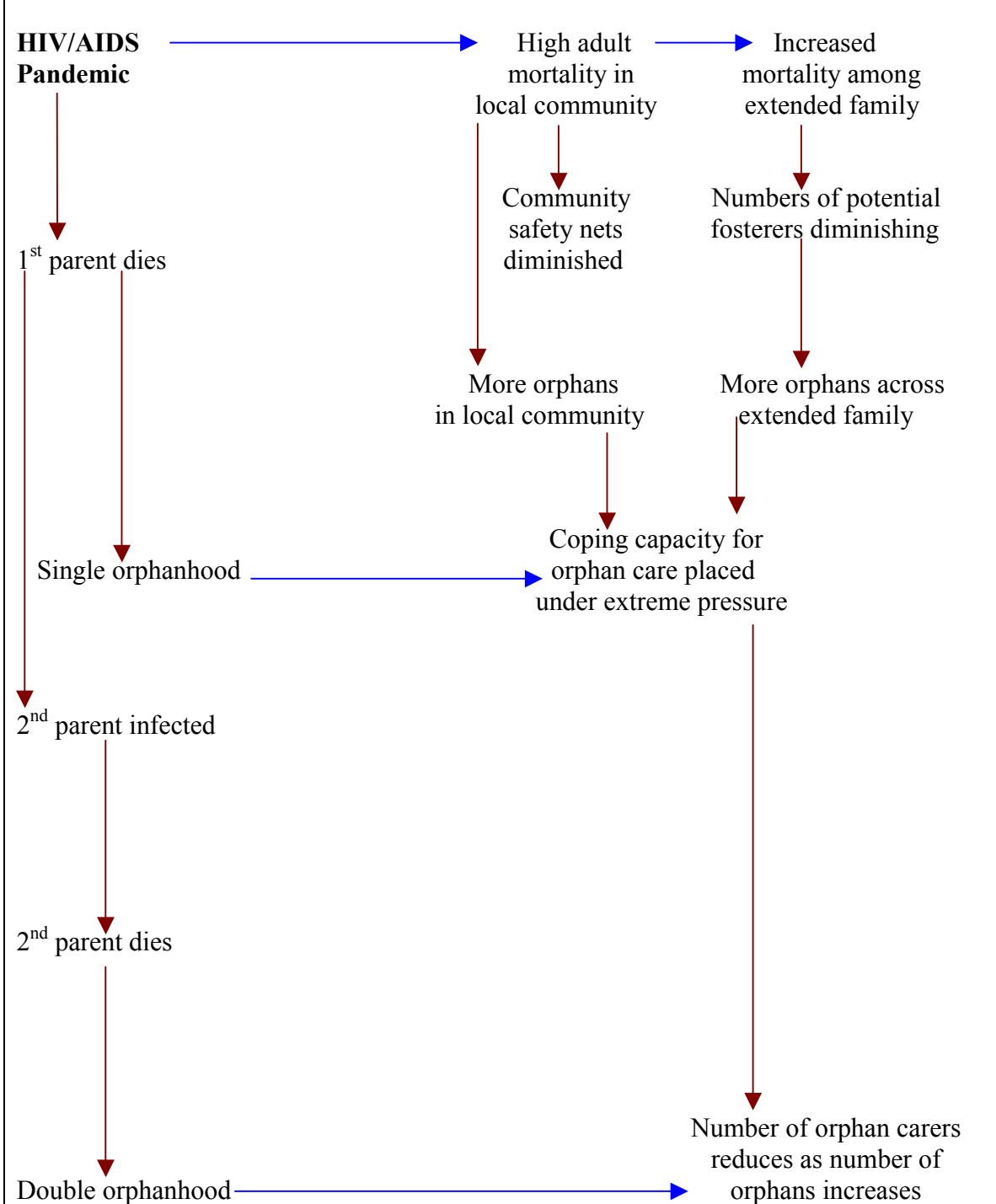
When AIDS takes away a child's parent two effects occur. The first can be described as the "vertical effect", where the untimely death of an adult has additional, negative, effects passed down to the child, or children, of that adult. This is the situation commonly

described as 'orphanhood'. Not only will the child experience the trauma of losing a parent, but will be fully dependent on the surviving parent who has also experienced the emotional stress of losing their spouse. Where it is AIDS that has taken the deceased parent, the children and the surviving parent will also have already been put through the strain of having to care for an adult family member through a long and terrible illness. Perhaps worst still is that the sexual transmission of HIV means that the surviving parent may already be suffering from symptoms of AIDS. If not, there is a high likelihood that the second parent will eventually be lost to AIDS, leaving the children in the situation known as "double orphanhood", with neither parent alive.

The second effect can be described as the "horizontal effect". In the case of an epidemic it is not only one household that experiences the same vertical effect of orphanhood, but many in the same community are equally affected. In the case of the pandemic of HIV/AIDS this situation is maintained, and increases, over a sustained period of time. The problem of orphanhood is not only experienced vertically, from parental death, but is found across the whole of the surrounding community. Many of those who would normally take care of an orphan are also dying and leaving behind orphans themselves. The horizontal effect is not unique to AIDS orphaning. The chapter in this report on stone miners in Mandore will demonstrate this effect where tuberculosis has ravaged an entire community. Research from Mizoram, an Indian state on the Myanmar border, indicates that a similar process is taking place where parents have succumbed to alcohol and drug abuse, in communities where this problem is carried over across extended families[ii]. While this shows that the horizontal effect of orphaning may occur because of other reasons than AIDS mortality, in these communities there is also a very high HIV risk.

In the context of this research project an orphan is defined a child, under 18 years, who has lost either the father (paternal orphan) or the mother (maternal orphan) or both parents (double orphan). Assessments of other vulnerable children, those living on the streets and the children of sex workers, were also made. These children will not all be orphaned within the above definition, i.e. both parents may still be alive. However, they are all subject to the vulnerability caused by a lack of parental and family support.

Fig. 0.1 Vertical and horizontal impacts of AIDS mortality on orphanhood

HIV/AIDS Pandemic → High adult mortality in local community → Increased mortality among extended family

↓ Community safety nets diminished

↓ Numbers of potential fosterers diminishing

1st parent dies

↓ More orphans in local community

↓ More orphans across extended family

Single orphanhood → Coping capacity for orphan care placed under extreme pressure

2nd parent infected

2nd parent dies

Number of orphan carers reduces as number of orphans increases

Double orphanhood →

CHAPTER ONE

MIGRATION AND ITS EFFECTS ON AIDS ORPHANING:
A social epidemiology

1.1 Labour Migration in India: a brief outline

In India migratory work practices are very common, and in some communities most of the male population travel away from home in search of work at some time of their lives. Migrant workers are well known to FXB's HIV/AIDS prevention workers as a very high risk group, often away from home for long periods of time and often traveling to the largest cities where there is the highest HIV sero-prevalence. Some of the widows interviewed during field research for this study reported that their husbands had been working in Mumbai for most of the year, on a permanent basis, returning for just a few weeks, twice a year on average. Patterns of labour migration in India are many and diverse but can be described by the following categories, all of which overlap with each other.

❖ **Rural – Urban Migration**. This is very common, especially when drought or floods make agricultural labour difficult to find. Rural – urban migrants are often away for long periods of time and sex with prostitutes is common. Also, they often work in some of the highest sero-prevalence areas, such as Mumbai, Delhi and Calcutta, meaning that they can act as a vector to spread HIV into the (so far) least affected areas.

❖ **Rural – Rural Migration**. Usually seasonal (see below). So far little is known about the effects of rural – rural migration on HIV transmission in India, as the rural areas are currently in a position of low sero-prevalence. However, bearing in mind the high incidence of rural – urban migration, and the difficulties of HIV/AIDS education in rural areas, it is unlikely that this situation will remain. As HIV reaches one rural area, mobility of agricultural labourers is bound to advance the pandemic across rural districts, as it has in Africa.

❖ **Urban – Urban Migration**. This is most commonly the movement of men from smaller cities to the main urban centres with the, often misguided, view that work will be more readily available and more highly paid. As this is often temporary, but high risk behaviour is common while migrant workers are away from home, this serves to spread sero-prevalence across the country.

❖ **Out-Migration**. This is movement from one state to another. The time period of this can vary greatly, from just a few months to a few years, or it may be permanent. In the case of permanent migration among men there is still a risk that, if the migrant worker is HIV infected, he will transmit the virus back to his home area due to the situation outlined above where men maintain wives back in their home villages.

❖ **In-Migration**. This refers to movement from one place to another within the same state. This has not been researched or documented as much as out-migration, but my research shows this to be very common in Rajasthan, where drought has led many villagers normally dependant on agricultural labour, to seek work elsewhere. Rajasthan attracts a number of tourists between October and March who tend to focus their visits on certain tourist centres, and these centres act as a magnet for anyone in the state desperate for work. There may well be large numbers of in-migrants in other states, and once HIV has found its way into an area in-migration acts as another vector to help spread the virus. It is also possible, learning from the African experience, that established patterns of localized migration can lead, once there is high AIDS mortality, to the presence of street children in smaller towns not usually associated with this problem. This is explained further on in this chapter.

❖ **Seasonal Migration**. This refers to established patterns of mobility, with people moving from one place to another as availability of work also moves around throughout the year. Usually out-migration, although tourism can create seasonal in-migration, as in Rajasthan. This is often rural-rural, as agricultural workers follow the different farming seasons that occur in different states. However, it may involve movement to urban centers, not just because of tourism, but also construction work, for example, which is best carried out at certain times of the year to avoid monsoons or excessive heat.

❖ **Contract Migration**. People may be recruited from areas where there is the highest unemployment and poverty to work elsewhere. This gives them some security as employment is guaranteed, whereas other migrants simply turn up seeking whatever work they can find, however, contract migrants are often some of the most exploited workers in India. No parts of India are prone to labour shortages, so these people are not recruited to fill gaps of labour supply. Contract workers are usually recruited because it is known that their poverty is so great that they will be cheaper to employ than workers who live where work is more widely available. Their contracts also bind them to one employer for a fixed period. Many sex workers in Goa are employed on this basis, mainly from Andrah Pradesh.

❖ **Itinerant Workers**. Many people in India are constantly on the move from one place to another going where their work takes them. Often this involves whole families moving together. However, despite staying with their families, itinerant workers are regarded as being of high HIV risk. These are among the poorest of India's population and substance abuse is common, while women may be forced into casual sex work to make ends meet. Children orphaned from such families are likely to be among the most vulnerable, as they do not have a home community and many do not have any contact with extended family.

❖ **Truck Drivers**. Not usually regarded as migrants, however Indian truck drivers are generally away from their wives, if they have one, for long periods of time, often four months or more. Truck stops are very commonly frequented by sex workers, and drivers have little else to do on their rest breaks. Often these truck stops are

situated in villages along the main trucking routes, adding to the potential for the spread of HIV to rural areas.

1.2 Effects of Migration on AIDS Orphaning

Examination of the diversity of migratory work practice in India demonstrates not only the potential for HIV to spread across the country but also that AIDS orphaning will not be confined to certain 'high prevalence' centres. Even while the worst of the pandemic remains in these 'HIV hot spots' AIDS orphaning will not. Typically we can expect AIDS orphaning to peak 15 years after the peak of sero-prevalence. The potentially long gestation between HIV infection and sero-conversion to AIDS, along with the potential for persons living with AIDS to carry on living for some time to come, means that orphanhood usually comes some years after the parent's initial infection. Migrant workers, known as a high risk group, may well return to their spouses with their sero-status unknown. Many migrants are young men, not yet married, who return to their home communities to find a bride, or where a wedding may already be arranged, after a period of migratory work and, quite possibly, high risk sexual activity. Consequently much AIDS orphaning will not occur in the 'HIV hot spots' but in the places to which the migrants return.

In addition to being a potential cause of orphaning, migratory patterns may also affect children after orphanhood. Research in Pali District, Rajasthan, showed that one coping strategy adopted by widows facing the economic strain of bringing up paternal orphans is to borrow money on the understanding that their sons will migrate to work in Mumbai as soon as they are old enough to pay back the debt. When migrant work becomes so established that it has become a tradition among the local community it is logical for orphans and their carers to adopt migration as a coping strategy to deal with their increased poverty. By comparing in-migration to Jaipur, a major tourist destination in Rajasthan, to experience from Africa there is evidence that the existing migratory pattern may lead to increased numbers of street children in Jaipur, as AIDS orphaning increases across Rajasthan. This is explained in the following section.
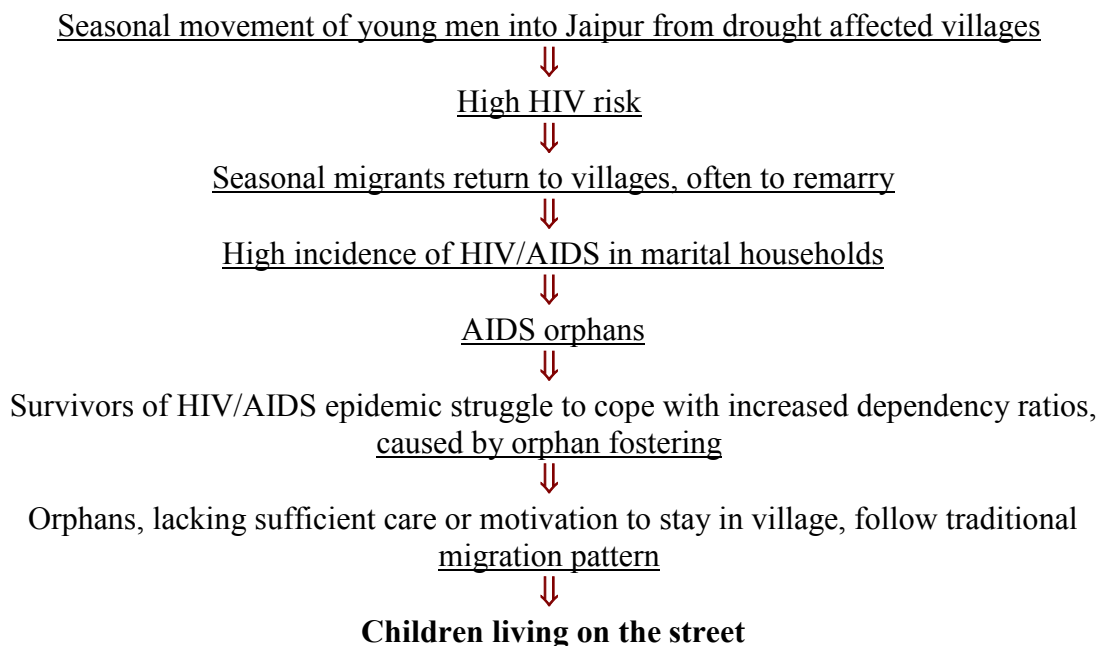
1.3 Migration Patterns and Street Children

Droughts over the past three years have increased numbers of young men (age 17+) from Rajasthani villages who migrate into Jaipur (often seasonal) to find work, and return money to their families. As these are generally young men there is a clear danger that this may serve to increase the spread of HIV into the villages. Often the men return to remarry, and it has to be expected that this may cause AIDS orphaning in the villages, as high risk activity is common among migrant workers in the tourist industry. Consequently, with an existing pattern of migration from villages into Jaipur, if these orphans cannot be adequately cared for in their communities, there may be a flow of orphans into Jaipur and, consequently, street children.

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At the moment this does not appear to be creating a problem with street children in Jaipur, with the migrant workers from the villages tending to be over 17 years. While Jaipur has an estimated 50,000[iii] children living on its streets, mostly from other states, this is small number when compared to the inestimable masses of street children in other Indian cities, such as Mumbai and Kolkata. However the experience of many parts of Africa has shown that when orphan numbers increase due to AIDS mortality, the problem of street children can occur, rapidly, in previously unaffected towns. For example, in Uganda, the capital, Kampala, did not have a significant problem with street children until about 4 years ago, when the AIDS crisis peaked. In the past two years the smaller towns of Jinja, Mbale and Mbarara have experienced rapidly growing numbers of children living on the streets, a situation that was completely unexpected in such places.

The same problem may well occur in Jaipur and other cities in India not known for high numbers of street kids. Where this problem has been caused by AIDS orphaning in Africa it can occur very suddenly in towns that are completely unprepared for it by government or NGOs alike. The pattern is generally the same. Towns and cities, like Jaipur, which have provided seasonal employment for rural people, begin to see the migrants become younger and younger as more children are orphaned and the strain of coping with them becomes harder and harder in their own communities. As well as Jaipur, this problem could well hit other Indian cities and towns where it is unexpected. (Elsewhere the initial cause of rural - urban migration is likely to be floods, rather than droughts). The pattern of this is outlined in figure 1.3:1, below.

Fig. 1.3:1 Labour migration and potential causality of street children, Jaipur.

Seasonal movement of young men into Jaipur from drought affected villages
⇓
High HIV risk
⇓
Seasonal migrants return to villages, often to remarry
⇓
High incidence of HIV/AIDS in marital households
⇓
AIDS orphans
⇓
Survivors of HIV/AIDS epidemic struggle to cope with increased dependency ratios, caused by orphan fostering
⇓
Orphans, lacking sufficient care or motivation to stay in village, follow traditional migration pattern
⇓
Children living on the street

1.4 Labour Migration into Kolkata, West Bengal

The state of West Bengal is often devastated by floods, and such disasters tend to increase rural-urban migration into the nearest major city. However, despite this, NGO workers in Kolkata do not report any immediate impact on labour or refugee migration as a consequence of flooding in West Bengali villages[iv]. The reason given for this is that the floods have been so intense that they actually prevent movement of people. They are generally left trapped in their villages until the floods subside. However, this assessment by NGO workers only takes into account the immediate impact that is visible while their projects are being set up. The floods cause massive destruction to agricultural production in the affected villages as well as destroying houses. Consequently, houses need reconstructing, while at the same time assets are lost and employment opportunities washed away.

Such a reduction in capabilities for rural people to pursue their livelihoods is bound to cause migration to Kolkata, once the floods have subsided. The impact of the disaster will remain long after the floods have gone away, and the total number of people affected is about 21million. There is support from both State Government and NGOs to alleviate the flood problems, and this may stem the tide of migrants, but a regular occurrence of floods on this scale will certainly be a great push towards migration into Kolkata. As the floods are a natural disaster that has been affecting rural West Bengal for many decades, this will also have created an established pattern for a traditional migration route.

There is certainly a constant flow of short term migrants traveling in and out of Kolkata from West Bengali villages. There are reported to be as many as 100,000 short term migrants (2 or 3 months) going in and another 100,000 going out of Kolkata every day. Such movement could pose a more serious scenario for the spread of HIV than longer term migration as this provides a steady flow of human traffic to carry the virus out to the rural areas. These short term migrants include girls who go to Kolkata for domestic work, many of whom end up in brothels.

A further migration problem that may well serve to increase HIV transmission into Kolkata is that many traders from Kolkata's suburbs and surrounding areas prefer to trade in Mumbai where they can get higher rates for their goods. These traders will also operate in central Kolkata providing a transmission route from Mumbai, where many will be involved in high risk activity.

1.5 Migrant Sex Workers and their Impact on AIDS Orphaning and Orphanhood

During the initial research project a visit was made to Baina, a beachfront suburb of Vasco de Gama, the main port of the state of Goa. Baina is Vasco's 'red light district', home to around 1,800 commercial sex workers (CSWs)[v]. Many of the CSWs in Baina are migrants from other states, especially Andrah Pradesh, and also from Karnataka and Kerala. The duration of stay for the migrant CSWs ranges from just two months to permanent residence, with most returning to their home areas after a period of less than two years. Usually the women from Andrah Pradesh are recruited in their home area by

pimps from Baina on a two month contract, which involves payment of a fixed sum which is repaid by sex work. Quite often the women will then choose to extend their stay working on a commission basis with their pimps. It was also reported that some of the women in Baina had arrived in Vasco for labouring work on construction sites but had switched to sex work when their construction work expired.

Many already had children, some of these with husbands, while some of the CSWs' children had resulted from their sex work. Many of these women were separated from their husbands but some reported that they remained married while others had found new relationships. Those that were unmarried tended to express a desire to return to their home area and marry and start a family. As there is a high turnover of women working As CSWs in Baina it seems likely that many are doing this. The dangers of this in relation to AIDS orphaning are immense, bearing in mind that a government surveillance of anonymous samples taken from women who were being treated for STDs showed that 53% of these tested HIV positive.

The problems created by sex work in Baina for the situation of AIDS orphaning are clear, and are certain to be similar for other 'red light districts' whether these are in small coastal cities like Vasco, larger cities or truck stops at roadside villages. Temporary migration to take part in the highest risk activity of all, commercial sex work, is bound to cause AIDS orphaning, most of which will occur across the wide area from which these women come, and later return, rather than in the high prevalence area in which infection occurs. As many of the clients are from outside Vasco; seamen, tourists and other migrant workers, AIDS orphaning from the fathers' initial infection is likely to occur across an even wider area, as a result of Baina's commercial sexual activity.

There are also further problems that take effect after orphanhood has occurred. Orphaned girls who live in areas with established patterns of migration for sex work, especially where there is contracted recruitment, and especially those whose mothers were sex workers, are highly at risk. Just as there is pressure on orphaned boys in Pali District to seek migratory work in Mumbai, there may be the same pressure on orphaned girls from Andrah Pradesh, and elsewhere, to head for Baina. Widows often face extreme poverty after the loss of their husband, and those that live in the areas from which contracted CSWs are recruited, will be under pressure to take up this work, which means that their children may have to go with them and live in an area where children are most likely to be pushed into sex work themselves. In Baina the children were being protected from this danger due to the excellent work of the FXB *Asha Sadan* programme, an NGO that provides shelter and schooling for the children of CSWs. All of the CSWs with children reported that they were desperate to keep their children away from this profession, and believed that FXB *Asha Sadan* provided their best hope for doing this. However, during my brief visit, I did meet one young woman who was following on in her mother's trade. In areas of sex work where no-one is providing this kind of assistance to sex worker's children these children must be at very high risk indeed.

CHAPTER TWO

Household Orphan Study: Jaipur District

A total of 35 households with orphans were interviewed among five villages in Jaipur District. The villages were chosen because they were situated close to main highways and are, therefore, at risk of HIV being introduced into the villages by truck drivers and migrant sex workers. At the time of research there were no known deaths to AIDS in any of these villages. Questions were asked to determine which parent had died (or if the children were double orphaned); under whose care the child(ren) were living now; whether or not the children were, or had ever been, in school, and if drop outs were due to orphanhood; as well as general questions about living standards and the effects of adult mortality on this. In the latter category an assessment was made on domestic labour with reference to how much time is consumed by this, and who does the work. Although there were problems of accuracy of the data collected (see chapter 5) this provided an insightful picture of the impact of adult mortality within the poorer households.

2.1 Paternal Orphans

Case study 2/1: Widow headed household, Jaipur District

The widow's husband died three years ago. She has been left with five children.
1. 11 year old girl
2. 9 year old boy
3. 7 year old girl
4. 5 year old boy
5. 4 year old boy

Before her husband died he had been working as a labourer. Since his death, she has taken over his job and works 8 hours each day for 500 rupees per month. This is half the amount that her husband had been earning, doing the same work.
 Her biggest financial problem is putting the children through school. The two oldest boys are reported as attending school, but their mother is uncertain as to whether she can continue to send them, or whether her four year old son will ever be able to attend. They are sent to a state school, but this does not provide the free education promised, as books, materials and school uniforms still have to be bought.
The eldest girl was withdrawn from school, while the youngest has never been to school at all, as education is considered a priority for boys and the girls are needed for domestic chores.

The case study above typifies the situation of paternal orphanhood in India. The children here have remained in the care of their mother however, as a widow, her capabilities for taking care of material needs are severely limited. It is common for widows in India to take over their deceased husbands' work. This provides some kind of safety net, however the case above is very typical in that the widow is paid half of the wages of a man doing

the same job. This case also highlights a further problem; that once the widow goes out to work she will have less time available for her domestic duties. Usually, responsibility for this is passed over to the girls.

Female literacy is already very low in Rajasthan, at 28.69%, compared to a male literacy rate of 64.83%[vi]. Increases in paternal orphanhood may not make a large impact on girl's opportunities to attend school in the short term, as it is clear that many families are not interested in educating their daughters, whatever the situation. However, in the long term, programmes aimed at improving female literacy and increasing education for girls may well find that paternal orphanhood is a major obstacle to overcome. It will be difficult to encourage families to send girls to school when they are depended on for household labour.

Paternal orphanhood can also have a negative effect on education for boys. In some cases, where there were no girls in the household, it was found that boys were taking over household chores while the mother went away to work. It was also very common for boys to miss out on school in order to carry out wage labour. Child labour is very common in India, and so it is impossible to assess how many orphaned children in paid work would have been doing this anyway. What is clear is that paternal orphanhood does increase the pressure on families to send their children to work instead of to school.

There was one case found in Norangpura, a small village 50km outside of Jaipur, of a paternal orphan who had been abandoned by his mother once she had remarried. This situation is by no means unique to India. In Uganda, cultural law dictates that paternal orphans should be passed on to paternal uncles, rather than become the responsibility of new husbands. However, as HIV/AIDS has depleted extended families, this has led to high numbers of grandparent fosterers, where paternal orphans can no longer be found. It may also prove to be the case in India that paternal orphans rejected by their stepfathers will become the responsibility of more elderly relatives, as this boy was now living with his grandparents. He was visibly malnourished and his elderly guardians were barely capable of taking care of themselves, let alone a young child.

My previous research for FXB, carried out in Uganda[vii], demonstrated that paternal orphans should be a special target group for any interventions that aim to tackle the orphan problem. This research project found that the same should be argued for India. As can be expected, when a father dies this deprives the family of the main, and often only, breadwinner. This means that quite often the children, especially girls, drop out of school to earn cash income, or to take over household chores as the mother goes out to work. Typically the widowed mother will have to carry out household work and seek cash income outside the household. Therefore, widowhood for a mother means increased burdens of time consumption. Much of this is often passed on to the children, while the mother's child-care capabilities will be affected, and care of younger children may fall to their older siblings. This time consumption burden can have the greatest effect on people of low caste, who often have to travel further than higher castes to fetch water or firewood, etc. In the next section we can see how this can also affect maternal orphans.

2.2 Maternal Orphans

Case study 2/2 Maternal orphanhood in Jaipur District

Gita is a 12 year old girl whose mother died nearly two years ago. She lives with her father, as well as her 8 year old brother and 3 year old sister. Her brother is at school but she had to drop out when her mother died to take over the household chores, and to take care of her young sister.

Typically she will spend between 5 and 6 hours each day preparing and cooking food, as well as general household cleaning.   She also has to collect firewood, which takes another 1-2 hours each day. Water can usually be collected from a handpump nearby, only 1km away. However, because of queues this still takes up another 2 hours. Quite often this well dries up and then she has to go to another well, 3 kms away.

Apart from the psychological effects of losing the mother, the biggest problem for maternal orphans is that someone has to take over the role of domestic work. The father will not do this because it is culturally inappropriate, and because he has to work for household income. Thus, the mother's domestic role may be taken over by an elderly relative, usually a grandmother. This is bound to put unwanted strain on many elderly women. In addition to grandmothers, in some cases a daughter may take over this role, thus increasing the numbers of girls who are forced out of school by orphanhood, as is illustrated by the case study above. Therefore, maternal orphanhood also serves to undermine any programmes that may be aimed at improving female literacy, in the same way as it affects paternal orphans.

As well as general household chores, where there are young children in a family that has lost its mother, someone else will have to take over child-care duties. This inevitably falls on older girls if they are present in the household. When a young child does not have an older sibling to take care of them, child-care duties may be spread around neighbours and relatives, and so the child lacks the usual one-to-one relationship between itself and its caregiver. Where older sisters are in the household, the child-care duties given to them add to the burden of domestic chores, reducing opportunities for a normal childhood further. There is also the possibility that the relationship between older sister and younger siblings becomes more like that of mother and child. Should the older sister leave the household to marry, her younger siblings may experience feelings of parental loss for a second time in their childhood.

Another problem faced by maternal orphans is that they may face difficulties with stepmothers in cases where their father remarries. It was reported in Jaipur that many of the children living on Jaipur's street runaway from home because of disagreements with their stepmothers (see chapter 6).

2.3 Double Orphans

Only two double orphans were found among those households visited in Jaipur District. In the first case the child, a 12 year old boy, lived with an older brother. The older brother was married with a 1 year old child, and found that fostering his younger sibling was a big financial burden so early on in his marriage. In order to compensate for this the 12 year old orphan was working on his brother's farm (one third of a hectare) up to six hours each evening after school. In the other case, the double orphan was also a boy, this time 16 years old. He was living with his uncle, but often stayed away from the household for long periods of time, reported to have "fallen into bad company". The boy did not contribute to the household at all, but had to find his own food. It appeared that the uncle's responsibility was perceived as having to provide a roof to sleep under, but nothing else. He seemed not to want anything to do with the boy at all.

As orphaning caused by HIV/AIDS takes hold in India we can expect increases in double orphans. The situation that was found in the first case is typical of many that are found in Uganda's worst HIV/AIDS affected areas. Where young couples are needed to foster younger siblings, the fostered child can become an enormous burden for the fostering family. Typically, young couples from poor families live in small houses, perhaps renting only one room, with plans to move to somewhere more spacious when finances improve. The arrival of a foster child can cause child-care costs that prevent the family from being able to save money to expand their living space. In the case found in Jaipur District this means that the fostered child has had to make sacrifices to his education in order to pay for his keep. Although this boy was reported to be attending school, his capabilities to achieve at school are certain to be diminished while working for six hours each day. It is certain that many other children in this situation will have to drop out of school completely, as they will not have the relative "luxury" of being able to fit working hours around their school days.

The second case demonstrates how a child has fallen into a life of delinquency, quite possibly because of a lack of parental or fostering support. India, generally, does not appear to have the same culture and tradition of extended family child-care found across Africa. Unless greater encouragement is offered to relatives to foster double orphans as fully integrated members of the nuclear family, then it is likely that many double orphans will become vulnerable to the same situation of a delinquent and transient lifestyle as observed in this case.

CHAPTER THREE

ORPHANHOOD AND WIDOWHOOD AMONG
A STONE MINING COMMUNITY: MANDORE

Mandore is a suburb of Jodhpur bordering the open caste stone mines that stretch for more than 80kms away from the city. The workers are a mixture of people from Jodhpur and migrant workers from the surrounding districts. In this case, those that I have defined as migrants have moved with their families, and some remain in Mandore on an indefinite basis while others are itinerant workers who move to wherever they can find temporary work.

Whether the mineworkers are itinerant or permanent residents of Mandore, the stone mine labourers are among the very poorest of Jodhpur's population. The work is arduous, to say the least, manually extracting stone slabs from the quarry face after it has been blasted with TNT. They work in the open in blazing heat, but the worst of the conditions here is the constant exposure to dust that causes a number of health problems. These are initially respiratory problems, especially pneumoconiosis, which can then lead to pulmonary and cardiac problems as the lung capacity is reduced and circulation inhibited. However, by far the main health problem among this community is tuberculosis (TB). As respiratory functions weaken, exposure to the TB bacterium inevitably leads to infection. Then, as more and more mine workers have become infected, the airborne TB bacterium increases in prevalence. Consequently, an estimated 75%[viii] of mine workers are suffering from TB, which has also spread rapidly throughout the wider community of Mandore.

Not surprisingly, TB has resulted in high numbers of orphans in Mandore. These are pre-dominantly paternal orphans, as it is the fathers who initially work in the mines and are most prone to the subsequent health risks. However, when the father dies the mother or the children may then have to take over mine work to replace lost income. There are close parallels between TB related orphaning in Mandore and AIDS orphaning, mainly because it has an equal affect across the community, creating a "horizontal effect", which is described in more detail below (section 3.5).

3.1 The Orphan Household Study in Mandore

Rapid appraisal research was carried out among those households in Mandore with orphaned children resident. This research did not specifically target stone miners, but all households with orphans, however the majority were found to have lost the father, who had been a stone miner. Thirty-two households were interviewed, however this is by no means the total number of households with orphans in Mandore. In some cases it was not possible to find families at home, despite carrying out the study early in the morning and in the evening, when people are most likely to be at home. This may reflect the heavy workloads placed on widows and their children. A few households declined to participate in the research.

29 of the 32 interviewed households consisted of a widow and her paternal orphans. Of these, in 18 cases the husband had been a mine worker. Ten of these widows had taken over their husband's work in the mine. Six cases were found where the widow had taken up work in the mines even though this had not been her husband's line of work. Overall it is very common for the widow to take over her deceased husband's job, but often with reduced income. For example, mineworker's widows were often working for half the wage that their husbands had earned.

There were no maternal orphans found, but three sets of double orphans. The first had reached 20 years of age, so can no longer be described as an orphan as he is no longer a child. However, he had been orphaned since 13 years old and had been living with grandparents and working in the mines throughout this time. The others were two double orphaned boys, living with their uncle and three double orphaned boys living with their older sister and her husband. The first two boys were 15 year old twins. The uncle reported that it was a financial strain having to care for the boys, even though he was obviously relatively better off when compared to most other households interviewed. The second three boys were aged 12, 14 and 17 and were working in a local restaurant. Their guardians were both working in the mines.

3.2 Living Conditions in Mandore

Living conditions vary from those living next to the main street, whose housing can be described as normal for poor Jodhpuris, to those living closer to the mines, to the temporary accommodation of the itinerant workers who live in the vicinity of the mines. Therefore we can split the stone mining community into three sections based on residence; those on the main street, those between the main street and the mine; and the peri-urban slums of the itinerants at the side of the mine.

Although those on the main street lived in better houses than the other two sections of this community, they were living close to a congested main road and exposed to constant traffic pollution, which can only aggravate the respiratory problems caused by mine work. They also lived close to open sewers and large garbage piles caused by rubbish dumped by the roadside. Most people here had piped water in the house (cost = 32 rupees per month) and mains gas was available for those who could afford it (c.250 rupees per month). This area had fewer mineworkers than the others and there were fewer orphans found here.

The houses close to the mine were generally small slum buildings. Many reported structural problems, especially roofs that leak when it rains. Most of the residents here seemed to live on disputed land and some reported that they were under constant pressure to leave from government officials and businessmen who claimed ownership of the land. Most people here used *chula* stoves for cooking which meant long treks for firewood, as there was none available in the immediate vicinity. Few had piped water and instead relied on a communal standpipe for their water supply. This was free of charge, and conveniently located, but served over 200 households, meaning that there was generally a two hour queue to get water.

The itinerant workers lived in make-shift, single room, huts built from the lumps of stone that are easily found at the edge of the mine. These huts are roofed with whatever materials can be found, usually dried branches, or sometimes plastic sheets. For water supply the people here have to go to the communal standpipe. This is further away than it is for the other households, in some cases as far as three kilometres. It also requires a steep uphill climb on loose stone to fetch the water back home. Although away from the main urban area, there is still a long journey required to locate firewood.

3.3 A Typical Scenario

Here I have set out to describe a typical situation for a household caring for orphans in Mandore. This is not an actual case study but typifies the constraints faced by a widow bringing up paternal orphans in this community.

Following a brief period of mourning the widow has to get to on with the practicalities of feeding her family, which means having to somehow make up for the loss of her husband's income. She is unable to get any help from her extended family as they are all in another village, 60 kms away, and are equally as poor as she is, and also suffer from tuberculosis, which killed her husband. She is also showing symptoms of the same disease. Her neighbours are unable to help her because most of them are already widowed, and suffering from TB, themselves. The easiest way for her to earn money is to take over her deceased husband's job in the stone mine. Here she can earn up to 40 rupees per day, her husband was earning 80 rupees per day, but for her there is no guarantee of work every day. In addition to working 9 hours every day that work is available, there are also household chores to be done.

Cooking, on a wood burning *chula* stove takes two hours each morning before she leaves for work, and another two hours in the evening when she returns. To collect the fuel wood for the stove takes up half of the day each time that she collects it, once a week, which means that she is unable to work on that day. She has tried to work out a way of collecting a small amount each day, so that she will always be available for work when it is offered, but the main time constraint for fuel collection is the walk to get to where wood can be found. In a semi-arid area such as Jodhpur, there is no dense forest from which wood can easily be collected. The alternative is to get a kerosene stove but, apart from the cost of purchasing one of these her neighbour who does have one spends 180 rupees per month on fuel. This is way beyond her means. She also has to collect water from the communal standpipe and that takes around 2 hours each day, because of the long queues. In addition to this she has to clean the house and do the laundry which, on average, takes another 2 hours each day.

3.4 Gender Differentiation Among Orphans

The help that the widow described above gets with household work will depend on the number, ages and gender of her children. If she has daughters they will help with domestic chores. If they are more than 12 years old they may take over most of the

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household work, although the mother will still feel it is her duty to play a role in all domestic matters to make sure that her daughters are properly prepared for marriage. Older girls will also, usually, take care of the child-care needs of any infant children in the household.

However, where the older, or all, the children in the household are girls this provides a major worry for the mothers. As they grow older and get married, some as young as 15, rarely above 18 years, she will have to find a dowry. For poorer, low caste, families this tends to be little more than a token gift. However, for a widow, especially with more than one daughter, even this can be difficult to pay for. But, the greatest concern for the widows is that, having become dependant on her daughters for their support, they will quickly be married into another household. It is not usual for the daughter to be able to offer any support to her mother once she has married.

For the girls themselves the main problem is that an increased responsibility for domestic and child-care work in the household limits their possibilities of attending school. There were also some girls doing paid work, although it was not considered acceptable for unmarried girls to be sent to the mines. While female literacy is very low across Rajasthan, many of the younger girls in Mandore were attending school. However the older orphaned girls tended to have dropped out. The reasons given were that it was too expensive to send them to school. Although government schools set out to provide free education, there are still costs involved for books, materials and school uniforms. However, it is also likely that the time consumed by domestic or paid work is also a reason why girls are forced to finish their education early.

Where there are older boys in the household they may well seek paid work, although it is more likely that orphaned boys will continue their schooling than girls, as well as a more common that boys are sent to school in the first place. In cases where there were no girls in the household boys were reported to do some of the domestic work, cooking or firewood collection, but never water collection or cleaning, although some did their own laundry. Some of the boys had been unsuccessful in finding paid work, while many of those who were working had taken up employment in the mines. The youngest of these was 13 years, although it was very common to find 12 year old boys doing other paid work, especially in restaurants. No children under 12 were reported to be doing paid work.
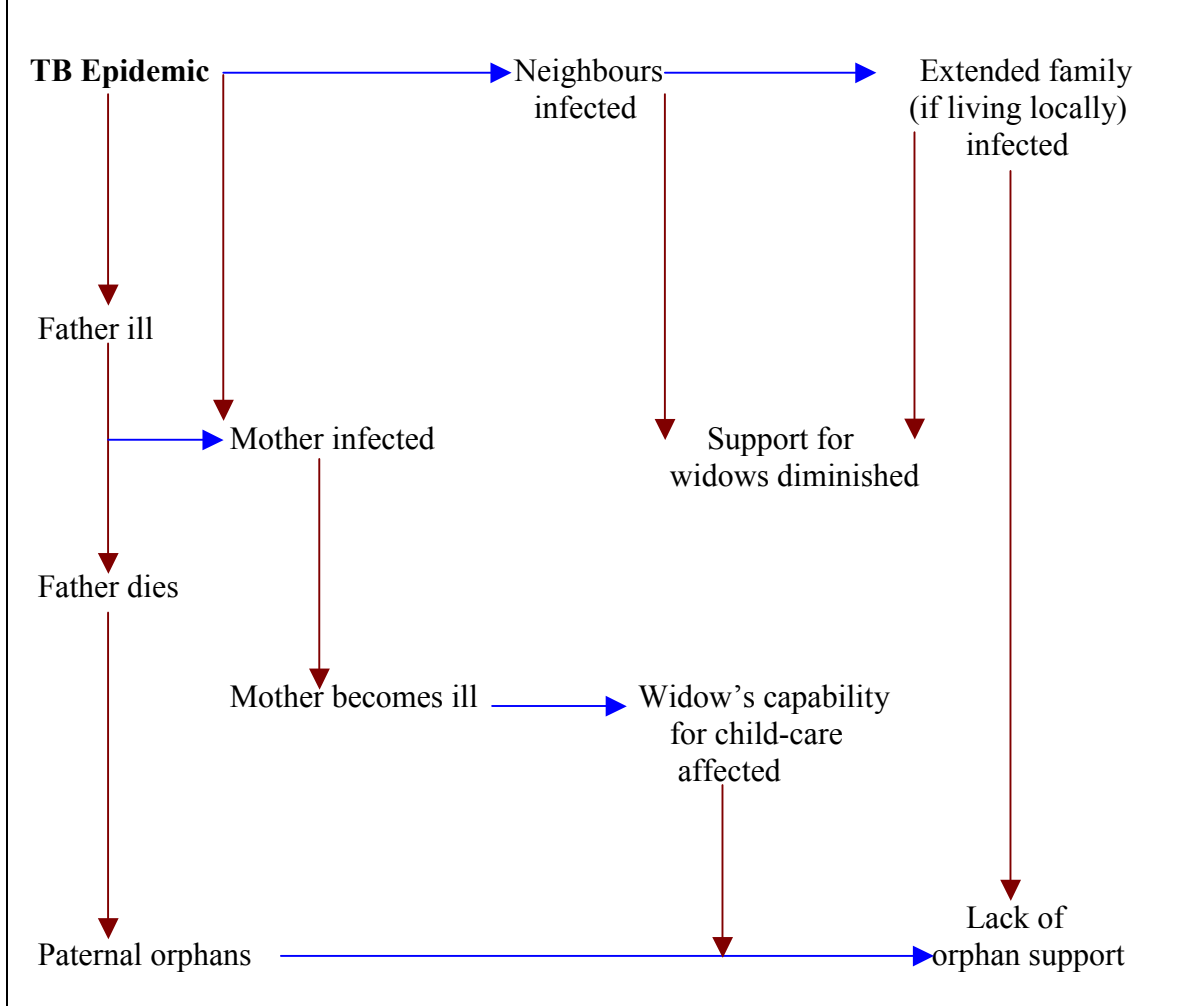
3.5 Parallels with AIDS Orphaning

There are three factors in which comparisons can be made between TB related orphaning and AIDS orphaning. Firstly, the father usually dies first. It has already been demonstrated that it is more common for the father to be the first parent deceased in cases of AIDS orphaning in Africa. Currently this is much more the case in Mandore where the vast majority of orphan households consisted of a widow and her paternal orphans. However many of the widows also reported that they were suffering from TB and, as many of these had taken over their husband's job in the stone mines, there is a distinct possibility that many of Mandore's current paternal orphans are future double orphans, a

situation which provides a second parallel with AIDS orphaning. There are currently few numbers of double orphans in the community, despite the fact that the TB epidemic is not a new crisis, however this may be because double orphans are unlikely to remain in the community. Children fostered by relatives are likely to be living elsewhere than Mandore. If there are no relatives to foster the orphans they are likely to be placed in an orphanage or end up as street children, who mostly inhabit the area near the main railway station, away from Mandore, or move to another city altogether.

Thirdly, there is a horizontal effect, in that the same cause of orphaning for individual households is also affecting extended family and the whole community. In the case of AIDS orphaning we can describe the orphanhood of the children as a "vertical effect" of the HIVAIDS pandemic; the impact of HIV/AIDS is passed down to the children as they become orphans. But, in areas of high AIDS mortality there is the "horizontal effect"; the same cause of the vertical effect is widespread across the community. Consequently, orphaned children are not only affected by the death of their parent, but by a diminished orphan care base, as HIV/AIDS is also likely to affect the extended family and community members who otherwise would be able to provide care for the orphans. In Mandore, TB is not only likely to cause the death of a child's parents but has the same horizontal effect as AIDS. Extended family of stone miners are also likely to be involved in mine work, if not in Mandore then elsewhere in the vast mining area, while everyone in the local community is also at high risk of infection.

A further problem with the TB epidemic will occur should high prevalence of HIV/AIDS occur among the stone miners. The synergy between HIV/AIDS and TB is well known, with TB regarded as the most common opportunistic infection for persons living with AIDS. Consequently HIV/AIDS will increase prevalence of TB even further, while the existing levels of TB will increase morbidity among a population with high AIDS prevalence.

Fig. 3.5:1 Vertical and horizontal impacts of TB on orphanhood, Mandore

TB Epidemic → Neighbours infected → Extended family (if living locally) infected

Father ill

Mother infected

Father dies

Mother becomes ill → Widow's capability for child-care affected

Support for widows diminished

Paternal orphans → Lack of orphan support

CHAPTER FOUR

A RURAL AREA ALREADY AFFECTED BY HIV/AIDS: PALI DISTRICT, RAJASTHAN

A field study, using household interviews, was carried out in villages of Pali District, Rajasthan, close to the city of Sumerpur. This area was chosen because of reports of high rates of HIV sero-prevalence and because there are already reports of AIDS orphaning in the district. Sumerpur has a direct rail link with Mumbai (Bombay) and, consequently, there is a tradition of labour migration from the surrounding area into Mumbai. Previous research has estimated that approximately 50% of men in Pali District and the neighbouring districts of Jalore and Sirohi have migrated for work at some time in their lives, with between 85-90% of them going to Mumbai[ix]. Rajasthani men are in demand in Mumbai for their skills in the jewelry trade and *mithani* (confectionery), while unskilled migrants may find work in clothes shops or as cooks. It appears that wives and children never visit the men in Mumbai, instead the men will return home for brief visits, typically twice a year for the festivals of *Diwali* and *Holi*, or weddings and other family occasions, bringing with them their financial contribution to the household. Many men are permanently away from their families on this basis.

Field research in this area followed the same pattern as that carried out in Jaipur District and Mandore, interviewing households with orphaned children in order to understand the specific constraints faced by these families. However the approach here was less structured, instead asking only enough questions to make the interviewee feel at home with the interviewer, and then encouraging the respondents to voice their own concerns, in their own words. Although many of those interviewed, especially women and young people, were clearly not used to being allowed to speak for themselves in this manner, the interviews produced some insightful results that would not have come from a more formal interview technique. The following sections each highlight one of the main points brought to my attention by the respondents.

4.1 Bringing up Young Children

A problem for widows was that, when they went out to work, there would not be anyone left behind to look after young children. For example, one widow interviewed had been left with just one child, a 15 year old girl. This woman may appear to be in a better position than most widows who have more children to take care of, especially now that her daughter is almost grown up. However, a point that she raised was that her husband had died when her daughter was very young, and without any older children there was not anyone in the house to take care of the child. Her brother used to try to take care of the girl but not very well. In the mother's words her daughter "was just left playing in the dirt" for most of her childhood. It is hardly surprising that the girl's uncle was unable to care for her properly as this is not a traditional role for rural Rajasthani men. As well as being ill-equipped the uncle would have felt uncomfortable in his role as child-minder.

The problem of orphaned girls having to take over the child-care of younger siblings has already been raised. But this case makes clear that there is a separate issue involved for households without older children.

4.2 Who Will Care for Double Orphans?

Case study 4/1 AIDS orphans in rural Rajasthan

There are three double orphans in this household.
1. 12 year old boy
2.   6 year old boy
3.   2 year old girl

They live with their cousin, an unmarried young man, and his elderly grandfather. Their mother died one year ago, their father nine months ago. The cousin works in Mumbai and, although he is home more frequently than most migrant workers (3-4 times a year, 15-30 days each time), most of the time his grandfather is left in charge of the children. The oldest boy does most of the household chores, but the elderly man collects the firewood. Wood collection is an enormous strain for the old man, but he feels he has to do this so that his grandson has time to go to school. The cousin, who was at home at the time of the interview, says that without his grandfather he would have to give up his work in Mumbai to take full time care of the children. This would mean that it would be unlikely that he could earn enough money to send them to school, indeed earning any money at all will be difficult in his home village. Currently both boys go to school and there is every intention to send their sister to school when she is older. But this is a financial strain even with the money sent home from Mumbai.

This case study demonstrates some typical problems that we can expect to experience with double orphanhood caused by HIV/AIDS. With both parents deceased children need to be fostered by other relatives in order to avoid institutional care. However, the African experience has shown that this often means children fall into the care of adults who are not at the best stage of their own lives to foster them. In this case the constraints of both elderly and young adult fosterers are highlighted. The grandfather's own well-being suffers as a result of having dependants to look after. But without his help the cousin would not be able to carry out the migratory work that is considered the norm for men of his age in his village, and which is necessary for a basic level of income.

With a high incidence of AIDS mortality already affecting Pali District, double orphans are much more common here than in Jaipur District or Mandore, where the other two household studies were made. Consequently, there are more orphans here who are in the care of their grandparents. This causes a number of problems for the elderly guardians which, in turn, impact upon the children. Many elderly guardians have health problems. This not only limits their capability to take care of the children, but makes the stress of orphan care a dangerous health risk for guardians who commonly voice the concern that if they die there will not be anyone else to look after the children.

Evidence from Pali District shows that orphaning caused by HIV/AIDS does create more double orphans than elsewhere, and that much of the burden of this falls upon the elderly,

in the same way that it has in Africa. In the near future, India may well see a stark comparison with Africa, in that the HIV/AIDS pandemic may cause many elderly people to have to take up the role of parents, at an age when they were looking to their adult children to begin taking care of them. There is also the danger of "second phase orphaning", whereby orphaned childrens' foster guardians also die before the children reach adulthood – leaving the children "double orphaned" in another sense.

4.3 The Shadow of Indebtedness

Most of the households interviewed in Pali District cited debt as one of their biggest problems, and repayment was often the greatest worry. This is an especially big problem for widows and paternal orphans because, should the bread winner of the family die, debts owed will still be carried over, while the ability to make repayments will be severely reduced. There is also a problem that widow headed households may be forced to borrow money after the death of their husband, because of the increased poverty that this brings. Among the main reasons reported for widows going into debt were the funeral expenses incurred from burying their husbands. Widows are very unlikely to access loans from official sources, and so have to borrow from unscrupulous lenders who charge inflated rates of interest and will resort to illegal methods to procure payments. This not only puts the orphan household under a serious and immediate financial strain, but the children may also be made more vulnerable in the longer term as drastic measures are sought to service debts with mounting interest.

Asset stripping is a common occurrence for indebted families. Of the few widow headed households that had some land, all had lost some to the debt collectors. Other assets, such as livestock had been given up, while one widow and her four children were living in a single room in her mother's house because the debt collectors had evicted her from the house her deceased husband had built. But, more worrying than the loss of material assets is the danger that the children may be regarded as assets, and exploited for debt relief.

Migrant labour of orphaned boys is one strategy used for debt relief. The idea is simple; the widow or fosterer borrows money to bring up the child who, on reaching adulthood, migrates to work in Mumbai and sends money home to pay off the debt. However, there are many potential problems attached to this. Two of the families interviewed had sent boys to Mumbai and they had not been seen or heard of since. Their younger siblings were left facing the constraints of indebtedness, but no money was being sent home. Although it is normal for young men in this area to migrate for work, an increase of one of the reasons (i.e. AIDS orphaning) to use this strategy may serve to increase levels of labour migration further. As migrant workers, especially those who go to Mumbai, are a high HIV risk group, this could create a vicious cycle of HIV infection: as a parent is lost to AIDS, a child is put into a high HIV risk group.

There is also the danger that this strategy may mean that boys are pushed into migrant labour at an earlier age than would otherwise have been the case. Money lenders are unlikely to be patient enough to wait for a child to mature from infancy to adulthood before they begin to see repayments. While I have not found any evidence of a loan

actually being issued with the future labour of a child as surety, debt collectors are certain to be aware of the potential of migrant labour, and likely to exert pressure to put the children of indebted families to work. Bonded labour, whereby children are sent to work for a creditor as repayment of debt, is certainly a fact of life in India. While I found no clear evidence of this occurring in Rajasthan, it is unlikely that respondents would admit to a researcher that they had used children in this way. Whether bonded labour is used in this research area or not, we know that it does occur in some parts of India, and it is clear that the indebtedness of households with orphans may well push children into this form of slavery.

While boys may be used for migrant and bonded labour, a major concern has to be raised as to what will happen to girls when there are no boys in the family old enough to migrate to Mumbai? Or if the boys' remittances are not enough to pay off the debt incurred to bring up their siblings? While there was not any evidence of orphaned girls or widowed mothers going into sex work collected during this part of the research, this may be, once again, because it is very unlikely that this would be admitted to in an interview. However, interviews with sex workers in Rajasthan and Goa did find that widowhood and debt were reasons given for taking up sex work. In some cases creditors were cited as the agents for trafficking young women into red light districts. This so-called "commercial sex work" appears to be another form of bonded labour, one that enslaves both orphaned girls and widowed mothers.

4.4 The Hindu Caste System

The effects of the caste system on orphanhood are difficult to analyze because of the diverse way in which caste manifests itself in contemporary India. Many people of low caste are financially better off than higher caste neighbours because they find that the caste system no longer puts up any barriers. Some laughed away the notion of caste as "a thing of the past". Yet it was also possible to find people of low caste, in some villages, who were forced to travel further than would otherwise be necessary to fetch water and fuel-wood. In other villages these caste restrictions did not apply.

In some cases it became apparent that the way in which an individual's caste affects them is dependant more on their own perception of what caste should mean than on constraints imposed by their neighbours. For example, in one village of Pali District a widow was interviewed who said that her biggest problem was that she was unable to work because she was of *Rajput* caste. This is a high caste, and so it is considered inappropriate for *Rajput* women to go out to work. This woman was dependent on meagre handouts from relatives, none of whom were wealthy, and her children had dropped out of school. Yet, one of her close neighbours was also a widow of the same caste, and she was working as a labourer. When asked if there were any problems for a *Rajput* woman doing such work she simply laughed. Her opinion was that it was far more important to look after her children than it was to observe her caste, and that nobody else in the village thought that there was anything wrong with her taking on manual work, in her situation.

Three points can be drawn from this. First we should not assume that caste will, necessarily, place any restrictions on people in India, even in remote villages. However, secondly, just because a village may appear to have a "modernized" view towards the caste system, this does not mean that individuals will not be affected in some way by their caste status. Thirdly, we should not assume that it is only low caste that will have negative effects in relation to orphan care.

4.5 Who Will Marry My Children?

A common concern for households with orphans is for the future possibilities of marriage for the orphaned children. The biggest concern is among widows who wonder how they will raise the money for a dowry so that their girls can marry. This is an especially big worry where all the children are girls. It is not unusual where marriage takes place between two poor families for a dowry to be deferred, so if the girl has a brother dowry payment may be made when the dowry for his marriage is received. However, if there are no boys of a similar age to the daughter then this will not be possible. In some households adult daughters had been sent back to their mothers after marriage because of disputes over unpaid dowries.

On the other hand, a further problem that occurs among families where one of the parents has died is that the household often becomes dependent on older girls for domestic work and to take care of their younger siblings. Many single parents in this position have commented "what will I do when my daughter marries". Others have pointed out problems of child-care because the daughter who had previously taken on this role had left the household to marry. Once a daughter marries she is expected to concentrate on her husband's household, and can no longer offer any support to her own family.

A similar problem applies to the adult sons of a widow headed household. Before marriage his livelihood may provide the main, or only, source of income into that household. While it is certainly considered appropriate for married men to assist their mothers and younger siblings if they are in need, it may not be possible for him to do this with a new wife, a new house and, eventually, children of his own.

A further problem for widows is that it may be difficult for their sons to find a wife because of the poverty caused by widowhood. For a young man to marry he needs a house of his own, or at least enough room in which to bring up his own family. But, because of their limited earnings capabilities, and because assets, such as the family house, may have been lost to debt repayments, many widows live in crowded accommodation, and sometimes with their own parents. Therefore, it is only when the son has earned enough money to buy his own house that he can marry. But, we must remember that his income may be required to feed and clothe his younger siblings, or to pay back the household debt, so his capabilities of saving will be reduced by orphanhood.

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CHAPTER FIVE

HOUSEHOLD LABOUR TIME CONSUMPTION

The field studies in Jaipur District, Mandore and Pali District all revealed that time spent on household chores becomes a major problem for households when an adult dies. It is usual in Indian households for children to perform many of the household tasks. But, when the mother dies, or a widow has to go out to work, a far greater weight will have to be carried by the children in order to provide the household with adequate water and fuel-wood, as well as food preparation and maintaining a satisfactory level of cleanliness and hygiene in the house. The consequence of this increased workload is that orphaned children's capabilities to enjoy a normal childhood will be reduced. Opportunities for education will, typically, be less than for non-orphaned children, especially for girls who will usually bear the highest responsibility for household labour. Even those children who are able to continue attending school will have less time for homework and may miss lessons because water supply and fuel provision has to take precedence over their education.

5.1 Male Dominance in Interview Response

During field research an attempt was made to fully quantify hours spent by each household on household labour. However, gaining accurate data proved to be virtually impossible. The problem here was that interviews were often dominated by men, who would give their opinions as to how much time each domestic chore would take up. Even in the cases where there were not any men living in the household, a male neighbour would often be present and, in such cases, allowing the woman who was the intended respondent for the interview to have her say proved to be very problematic. The research did find that with less male input allowed, then greater amounts of time spent on household tasks were reported. In Jaipur District it was found that, on average, household chores were reported as taking up twice as much time in the few cases where no male interference was noted, than in other cases. In the case of maternal orphans living with their fathers, this means that time spent by children on domestic chores can be expected to be under-reported in the majority of cases.

Such under-reporting is best demonstrated by one case in which the father of maternal orphans reported that only a negligible amount of time was needed to collect water because the standpipe providing the supply was close to the house. During the two hours spent interviewing other households nearby it was observed that one of this man's daughters was continually carrying water into the house from the standpipe. The girl was only 8 years old and could only carry small amounts each time, and it seems unlikely that all of the household's water supply needs were met by this two hour stint alone.

Consequently, to include statistical tables of household labour from this research would only provide a severely under-estimated example of the real situation. Nevertheless observations, such as the one mentioned above, made during the research have clearly

demonstrated that for households lacking mains water and a ready supply of fuel, the consequent time consumption is a serious burden for children if one or both parents has died.

5.2 Water Supply

Provision of clean, safe water is a basic necessity, but many people in India lack easy access to a potable supply. In rural areas water collection can take up a large part of the day. However, this problem is by no means confined to the rural communities. For example, during the study carried out in Mandore (chapter 3) water collection was reported as one of the main time constraints among urban and semi-urban households without mains supply even though most resided near to a communal standpipe. The problem was not one of distance, but that so many households shared the same standpipe, causing queues. It was commonly reported here that each visit to the standpipe involved a queue of around two hours. The desire to remove this time constraint is best exemplified by the case of one resourceful widow who admitted to having illegally run a pipe to her house from the mains. Those households that did have legally supplied mains water reported costs at ranging between 32 and 41 rupees per month. For many widows this amounts to more than a day's wages. Bearing in mind that many could only find work for an average of 15 days each month, this either puts mains water supply out of their reach, or places greater pressure on them to send their children out to work.

In the rural areas few of the households visited had a mains water supply. In some cases there was a communal standpipe nearby, or a borehole pump, but once again with too many households sharing access to it to enable expedient collection. In many cases distances of up to 3km had to be covered in order to reach a well. In such cases it was sometimes reported that there was another source more conveniently located, but caste restrictions disallowed its use.

5.3 Fuel-wood Collection

The majority of households visited used a *chula* stove for cooking. This is a simple wood burning fire, situated on the ground, enclosed with clay. This ceramic enclosure does allow more efficient cooking than on the open fires more commonly seen in Africa, but still burns the fuel-wood quite rapidly. Consequently, the collection of fuel-wood is a major time constraint for households using *chula* stoves, and a burden that is consuming more time as the supply of fuel-wood becomes increasingly scarce in many areas. After four years of drought some Rajasthani households had changed from burning wood, which had become very scarce, to using cactus, which was becoming more common to find in a sufficiently dried condition to burn. However, cactus collection was reported to be twice as time consuming than wood collection had been when a more plentiful supply was available. This is because sufficiently dry cactus can still take a long time to locate in sufficient proportions, because cactus thorns can be difficult to negotiate, and because cactus does not burn as efficiently as wood. In many cases wood collection entailed breaking the law because of restrictions imposed by the forestry authorities.

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Allocation of time spent on fuel collection varied from those who collected some every day, to those who would spend half to a whole day once a week. Using the latter method, overall time consumption did appear to be slightly lower than when collected every day. However, this means that widows dependent on casual labour often risked jeopardizing the chance of a day's work in order to collect fuel. The fact that many widows still prefer to use this method demonstrates the importance placed by widow headed households on saving time wherever possible.

Where households had sought out an alternative to *chula* stoves, bottled gas or kerosene was used instead. This alleviates the time consumption of fuel collection but was prohibitively expensive for the majority of households in the surveys. Costs of bottled fuel were reported to range from 180 to 250 rupees per month, depending on the size of the household. Many orphan caring households with gas or kerosene stoves reported that they were resorting to wood burning on an occasional basis, as they could no longer afford to buy fuel all the time.

5.4 General Household Chores

Food preparation and cooking, cleaning house and laundry are other necessary tasks that take up large amounts of time for the poorer households. Of course, time spent on these tasks will not increase for a widow, in relation to when her husband was alive, as the husband would not have contributed to any of this work himself. However, when a widow has to go out to work herself she is left with three choices as to how to cope with this workload.
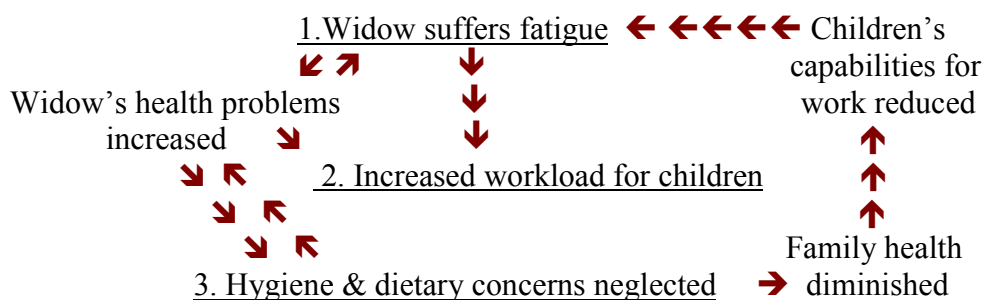1. Exhaust herself carrying out household chores in addition to working a full day.
2. Hand over the workload to her children.
3. Neglect household chores and concentrate on earning cash and sending the children to school.
In reality the situation is not so simple as choosing one of these three compromises. Firstly, some of the widows interviewed had already been doing paid work when their husbands were alive. In a minority of cases it was reported that the only practical loss resulting from the husband's death was a reduction in income, but this did not affect time spent on household chores. Secondly, it is perfectly normal for children, especially girls, to assist with household chores, whether orphaned or not. However, many widows were struggling to cope with the workload of paid work and household chores, and were trying to cope by trading off all three of the compromises listed above.

Many reported extreme fatigue and increased health problems, most that the children had to take on a bigger share of household responsibilities than before, and some admitted that matters of hygiene were becoming slack because they lacked the time and energy to clean properly. The first of these problems may have severe implications in cases of AIDS orphaning, or among the TB infected widows so commonly found in Mandore. If a widow is already suffering from high levels of fatigue, and then develops symptoms of a dishabilitating illness, such as AIDS, her condition will certainly be compounded by her exhausting workload. This not only affects her, but is also bound to impact upon her children, who will have to take on a greater workload themselves, care for their sick

mother, and face the prospect of double orphanhood. Increased time spent on household labour by children will serve to undermine their chances of attending school and of socialization in the surrounding community. On the other hand, if children are relieved from the burden of household chores, and there is no-one else to take this on, household hygiene will be compromised. This can further increase the damaging effects of widowhood and orphanhood on health and, where there is already HIV infection in the household, increase the chances of transmission to other household members. In addition to all this, one widow complained that the family diet was suffering, simply because she didn't have time to cook properly.

Fig. 5.4:1 Impact on widow headed household of compromises on household labour

1.Widow suffers fatigue ← ←←←← Children's capabilities for work reduced

Widow's health problems increased

2. Increased workload for children

Family health diminished

3. Hygiene & dietary concerns neglected ➔ diminished

In cases of maternal orphanhood there is a more direct impact on the children in relation to household chores. Not only will the children have lost their mother, but the household will have lost the main contributor to household labour. Although some cases were found where men had taken on some of the household workload this is rare, as such work is regarded as inappropriate for men. Usually where men were contributing they were carrying out some of the fuel-wood collection, while cooking, cleaning and water collection were left to the children, sometimes with assistance from female relatives. Within a typical situation the children will already be carrying out some of the chores and so, with the mother lost, it seems to be a natural progression that the children expand their own household roles. In some cases girls had dropped out of school to take over their deceased mother's household responsibilities (see, e.g., case study 2.2). Where only young children are present in the household, responsibility for chores and child-care is usually taken up by female relatives, often grandmothers.

For double orphans, and single orphans not living with the surviving parent, the impact of household labour time consumption will vary depending on the structure of the fostering household. In some cases double orphanhood need not create an additional burden of household chores, as household structure may be similar to that in which the orphans had previously lived. However, a trend towards grandparent fostering for double orphans was observed, especially in Pali District were HIV/AIDS is already reported as a cause of double orphaning. It has already been observed in Africa that wide-spread AIDS orphaning has led to large numbers of orphans being fostered by elderly relatives. Children in this situation can be left with a double impact in relation to the household

workload. If old age affects the fosterer's capabilities to carry out household labour, then the children will not only be faced with an increased burden of chores to cope with their own needs, but may have to provide domestic work for their guardians too. In addition to this some elderly people, sometimes widows or widowers, are having to foster small children who are too young to carry out a wide range of domestic duties. In such cases it is the elderly fosterers who will have their household labour time consumption increased.

Some of the households visited during field research comprised of "joint families". In this situation more than one nuclear family reside in the same house and, usually, resources and household labour are shared among all household members, with the usual gender differentiation of the workload. Widows and widowers living in this arrangement reported that the loss of their spouse had not created any extra burden of household labour time consumption, either for themselves or for their children, because the workload was spread across such a wide range of people. While it may not be possible for all orphan carers to live in a joint family, the success of this arrangement in eradicating what is a major cause of hardship for other orphan caring households, demonstrates that the burden of household labour time consumption can be reduced with greater co-operation between families.

CHAPTER SIX

CHILDREN WHO LIVE ON THE STREETS:
Research from Jaipur, Kolkata, Vizag and Mumbai

India has become well known as a home to those children often referred to as "street kids", yet the term itself is ambiguous. This research concentrated on those children who are homeless and who are not in the care of either their parents or a fostering family. These are referred to here as CWLS (children who live on the streets). There are also many families with children who are homeless and reside on city streets. In addition to these there are many children who spend much of their time living "street life", hustling for work and food, possibly becoming involved in the same criminal activities, as well as substance abuse, typically associated with children living on the streets. The latter two groups of children both have much of the vulnerability of the CWLS. However, the main difference is that those who live without a sheltered home and without the protection of parents are most vulnerable to the abuse and exploitation of opportunistic adults, ready to take advantage of the vulnerability of "street kids".

Although not all CWLS have experienced the death of a parent, and the purpose of this research project has been to analyze orphaning and orphanhood, we should be careful about using a distinction between "orphan" and "non-orphan" in this case. They do not have any parental or fostering care available to them. With the exception of support given by NGOs these children lack positive interaction with adults. They miss out on the loving care that should be expected from their parents and are prone to abuse and exploitation from the adults that they do meet. In all respects, children described here as CWLS can be technically described as "de facto double orphans".

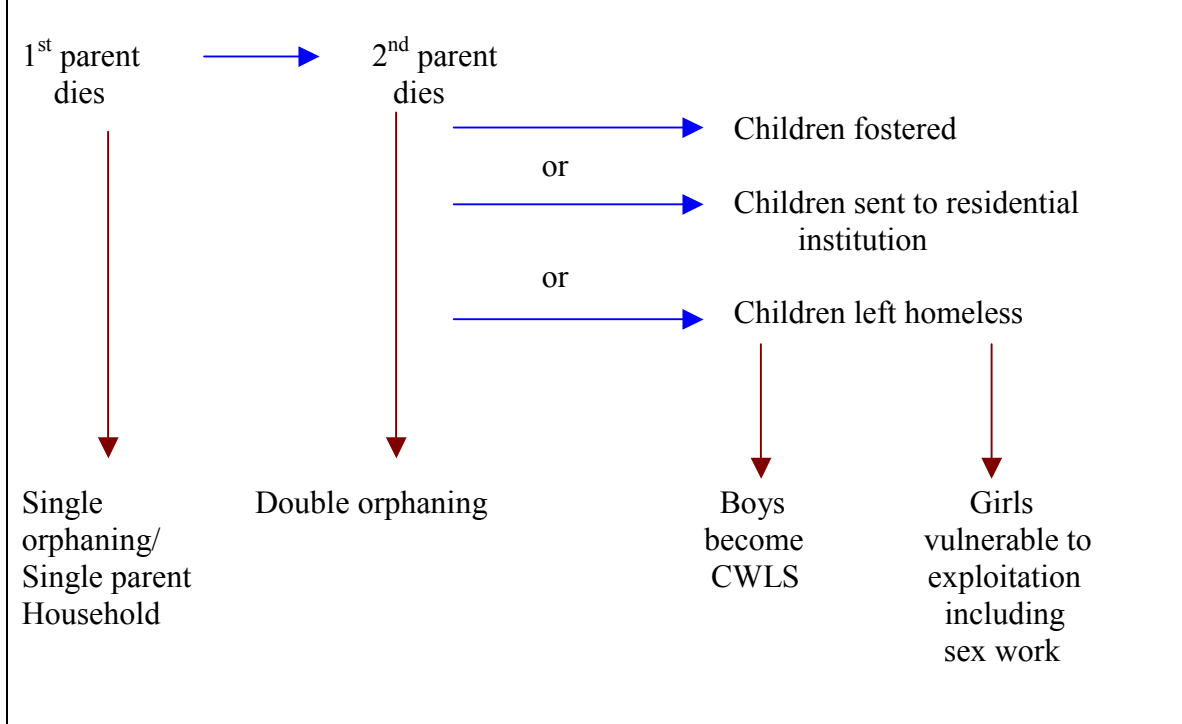**6.1 Why Do Children Live on the Streets?**

There are many different factors that may cause an Indian child to be forced into, or to choose, life on the streets, and orphanhood is certainly a major cause. Among children living on the streets in Mumbai it has been estimated by NGO workers, through programmes aimed at re-uniting runaway children with their families, that around 30% are orphans. The reasons that may cause orphaned children to live on the street have already become apparent from the field research covered in the previous chapters of this report, and are best summarized here.

Double orphanhood
Double orphans are certainly a very vulnerable group of children in relation to the danger of them becoming CWLS. While interviews carried out with orphan households did find that some double orphans are fostered by relatives, it also became apparent that there was not a traditional emphasis on such fostering. The levels of care among extended family fosterers ranged from those who took in orphaned children as their own, to those who simply provided a roof for the orphan to live under, but little else. Research that is focused on fostering households is limited in that it only identifies those orphans who

have been fostered. The low numbers of double orphans found in rural Rajasthan may result from double orphans having already left their home villages, and living homeless elsewhere. Certainly, an increase in orphaning caused by HIV/AIDS will increase numbers of double orphans, and some doubt is cast on the capabilities of their communities to provide shelter and care for children who have lost both parents. If support is not provided for extended families and communities to provide for double orphans, then an increase in HIV sero-prevalence, and consequently AIDS mortality, is bound to leave many orphans with no-where else to go but city streets.

Fig. 6.1:1 Vertical and horizontal impacts of double orphanhood

1st parent dies $\longrightarrow$ 2nd parent dies

Children fostered

or

Children sent to residential institution

or

Children left homeless

Single orphaning/ Single parent Household

Double orphaning

Boys become CWLS

Girls vulnerable to exploitation including sex work

Second phase orphanhood
Where extended family fostering has been observed during this research there is a high occurrence of grandparent fostering. Many of these grandparents are very elderly, while some of their wards are very young. The burden of having young dependants in the household also puts great strain on elderly guardians, causing negative effects on their health and possibly contributing to premature death. Consequently, young orphaned children fostered by elderly relatives may well find themselves in a situation of "second phase orphaning", with their foster guardians dying during the orphans' childhood, as well as the parents. This is bound to cause additional psychological trauma for the child, but also means that the child may have lost their only chance of a foster family. Clearly, where orphans are dependent on the elderly as foster guardians, there is a danger that these children will become homeless.

Step parents
NGO workers involved with CWLS in Mumbai and Jaipur commonly reported disagreements with step-parents as a cause for runaway children. This usually involves a step-mother, as it is not common in India for men to marry a single mother and take responsibility for another man's biological children. When widows do remarry their children are usually fostered or placed in institutional care. When the father of maternal orphans remarries it is usual for his children to remain with him. However, many children in this position struggle to adapt to living with a new mother. CWLS who have reported problems with step-mothers to NGO workers often complain that the step-mother resents having to take care of them. We must remember that some of these step-mothers, if they have also been married before, will have had to give up the care of their own children in order to devote their motherhood to their new husband's children instead.

Migration patterns
Where labour migration has been used as a traditional coping mechanism to deal with increased economic strain, it is highly likely that the financial pressures of orphanhood will act as a catalyst for young people to follow traditional migratory patterns. The potential danger that this may cause increases in street children has already been described in Chapter 1, (section 1.3). Household interviews in Pali District, Rajasthan (Chapter 4, p.25) have demonstrated that labour migration is already used as a means for orphaned boys to pay off debts accrued by their widowed mothers or foster families. Where there is pressure for children to contribute to their families there is a clear danger that many may follow traditional migration patterns. Consequently, there is also the danger that many will not find work, or be able to find accommodation at their place of arrival, and will end up living on the streets.

6.2 CWLS and HIV Risk

People living on the streets are certainly one of the most "at risk" groups from HIV infection and children are no exception from this. CWLS are often the victims of sexual abuse, as they are an easy target for paedophiles who have no fear that a rape carried out on a homeless child will be reported to the police. Sexual activity is also common between boys who live together on the streets. This has been widely reported among the tightly knit community of boys who live outside Jaipur's main railway station. Frequent abuse from adults is the norm for these boys, and so sex between them as a means of finding warmth and companionship is considered to be perfectly normal. One of the impacts of sexual abuse on these boys is that it serves to undermine the sexual taboos that would normally prevent such a casual attitude towards sexual activities. Consequently, this means that sex occurs between boys who are not naturally prone towards homosexual relationships, which makes it unusual for these boys to have regular partners. Condom use is rare, and so there is a clear danger that HIV could spread rapidly through this community, as well as other communities of CWLS.

Drug and alcohol abuse is also the norm for CWLS. In Jaipur the use of Intravenous (IV) drugs is reported to be less costly than alcohol, therefore IV injection and, consequently, needle sharing is very common. In Mumbai, cheap alcohol appears to be more readily

available and so IV injection is, relative to Jaipur, not as commonly used by CWLS. In both cities the most common form of substance abuse among CWLS is solvent inhalation. While non-IV injected substances do not pose the immediate HIV risk of shared needles, intoxicated children will be less capable of protecting themselves from abuse. Sexual activity between the children is also likely to be heightened, while condom use, even among the few CWLS who do intend to use them is less likely to be carried out.

It is estimated that there are more than 200,000 children living on the streets in Kolkata[x]. Reports from NGO workers[xi] in Kolkata who have regular contact with street children give a startling account of the lives of these children, who are exposed to high levels of vulnerability, and a very high risk of HIV infection. Most of Kolkata's street children are sexually active by the time they reach 12 years of age. One doctor interviewed stated that almost all street children will have suffered from an STD of some kind by the time that they reach 12, if they are below that age when they first become street children. For those who enter the street community older than 12 years the first STD infection is rarely far away. Their sexual activity involves abuse by adults; abuse of younger boys by older boys; and rape of girls who arrive on the streets, often by boys who live on the streets. Consenting sex between street children is also common.

Case Study 6/1, CWLS and vulnerability to HIV/AIDS

Laxmi is used by Bhoruka, a NGO working in Kolkata, as a peer educator among sex workers for HIV/AIDS and STD awareness. Obviously she has a thorough knowledge of the high risk of sex work; and yet she carries on working in this trade herself. When asked why she continues as a sex worker, in spite of the risk, and despite having been offered vocational training, she asks "how much can I earn after completing the training?" The answer is that she would earn a maximum of 3,000 rupees per month. She replies that she currently earns 10,000 rupees per month, and that is why she cannot change her vocation.

Laxmi arrived in Kolkata as a homeless street child. She quickly found that sex work was a necessary means for survival for a girl in her position. Her case not only demonstrates how girls on the street find it hard to avoid sex work, but also how difficult it may be to change their livelihood once they are involved.

A commonly reported situation is that in almost all known cases girls who arrive homeless into Kolkata are raped on their first day. The subsequent abuse leads them to seek refuge in 'sugar daddies', men who will take care of them in return for sexual favours. Generally, these men will be highly active in multiple partner sex, taking care of a number of girls 'rescued' from the streets. Life under the protection of the sugar daddy is a far better option for these girls than life on the streets. However the sexual networking involved puts all at a seriously high HIV risk. With the sugar daddies involved in sex with a number of girls who will have been abused by other high risk males, it is highly likely that at least one partner in this network will be HIV+, and inevitable that any infection will spread throughout the group.

6.3 Girls, the Invisible Problem

Until recently there was a widely held belief that very few girls were absconding from their families, due to the lack of visible evidence of girls living on the streets. However, those working with CWLS have more recently become aware that many girls are arriving in Mumbai and Jaipur, homeless and independent, but few remain as CWLS for more than a few days as they are quickly recruited by adults keen to exploit them for domestic work or sex work. The domestic work is often little more than slavery, with girls provided with basic accommodation and meagre meals in return for working long days, but even this seems attractive after a few nights living on the streets. Sex work certainly is nothing other than slavery, with girls often recruited under the false pretence that they will be given other work.

There is some debate among NGOs working with CWLS and CSWs in Mumbai as to whether the problem of girls arriving on Mumbai's streets is on the increase, or whether it has simply become more apparent due to an increased awareness of the situation. One point of view is that the traditional roles of girls in Indian households have prevented them from being able to run away from home. Girls are likely to spend more time working in the house, while boys have greater freedom and can disappear, unnoticed, for longer periods of time. The argument here is that traditional roles are no longer viewed with such importance as they once were and so girls who are subject to abuse have a greater chance of escape than they would have had before modernizing influences had liberated them. The alternative point of view is that there have always been girls who run away from home, but that nobody before has looked for this problem, because the assumption that girls do not have the independence to leave home has meant that few people took any notice of the potential of this problem before.

Whichever one of these points of view is true, there is a clear danger that if communities and extended families fail to cope with double orphans, as numbers increase through AIDS orphaning, more girls are likely to be rendered homeless. This is unlikely to lead to a visible increase of girls living on the streets, but is most likely to have a more serious impact. If the rest of Indian society fails to take care of homeless orphaned girls then it can certainly be guaranteed that the child exploiters, the pimps and the brothel keepers certainly will.

6.4 Labour Migration and 'Platform Kids': Vizag, Andrah Pradesh

Vishakapatnam (Vizag) is a major port on the east coast of India, situated in the state of Andrah Pradesh, which has recently been recognised as having the second highest HIV sero-prevalence of any state in India, after Maharastra. The rapid rise of the HIV/AIDS epidemic in Andrah Pradesh may well result from the dynamic situation of labour migration in and around the state. Hyderabad, in the centre of the state, is a major metropolitan city with a rapidly developing IT industry, that attracts large numbers of migrant labourers. However, Andrah Pradesh also has long standing traditional labour migration patterns that take migrants outside of the state, especially to Mumbai. Therefore, this state is subject to large numbers of migrants entering the state, and large

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numbers migrating to other states. One example that demonstrates the epidemiological hazards of Andrah Pradesh's complex migration dynamics is that most of the sex workers interviewed from my own research in Goa originated in Andrah Pradesh. Many were short term migrants expecting to return soon.

Vizag, relatively small in comparison to the nearby 'metros' of Mumbai, Chennai and Hyderabad, but the centre of a thriving ship building industry, mirrors both sides of Andrah Pradesh's labour migration dynamic. Many people leave Vizag for work in the major cities, while others arrive seeking employment. As can be expected in a city where such labour migration patterns are evident, large numbers of homeless children follow the same path as the labour migrants. As with the adult migrants, some children may travel to Vizag in search of work. Others may find themselves in Vizag on their way to the metropolitan cities, hopping from one train to another.

Although it is impossible to enumerate CWLS in Vizag, as many are transient and numbers change from one day to another, one estimate puts numbers of 'street children' in Vizag at around 10,000. This estimate was made by a NGO working with street children in Vizag, the Bahrati Rural Development Trust, and based on average figures accumulated over time. Perhaps the most startling of findings from this research was that over half of these children are girls. Despite this, many of the NGOs in Vizag that offer shelter to street children only accept boys. When I questioned this I was told that girls do not end up on the streets in India, because cultural conditions do not allow them the freedom to run away. However, the presence of girls in the care of the three NGOs that did acknowledge the problem of girls on the streets, in addition to the research findings mentioned above disproves this notion. What is clear is that girls living on the streets often remain invisible, even to some NGO workers involved in programmes aimed at street children. This may be because these programmes focus on the 'platform kids', those street children who sleep at the railway station. This is a popular site for street children in many Indian cities as they often arrive by train. Girls who stay in the station area are easy prey for recruitment into sex work, or other exploitative child labour.

The following two case studies, of children who have migrated from rural Andrah Pradesh to Vizag give typical accounts of the situations of Vizag's 'platform kids'.

Case Study 6/2, Ravi, 'platform kid'.

Ravi ran away from home one year ago, at 12 years old, because his father was beating him. Before that he had been in school and had studied up to the 7th standard, and he has a younger brother and sister at home who he would like to see again. however, he says that these days he as to work for a living and has no time for school or visiting family. For the past year he has been working in a hotel in Hyderabad as a kitchen porter, but he recently quit this job after he and a friend decided "to see some other place". At the time of interview he had been in Vizag for three days, sleeping at the railway station. He has not yet found work in Vizag, but says that he intends to carry on working and will move somewhere else if he cannot find work.

Case Study 6/3, Sunil, 'platform kid'.

Sunil has been in Vizag for one week. He is 10 years old and had been living with his mother. His father had deserted them both five years ago and they had been struggling to survive on her earnings as a temple cleaner in Vijadahara. The temple is situated near to a railway station and it was there that Sunil met another boy who suggested that if they go to Vizag they can find work. He says that he would like to go home but intends to find a job first, so that he can take some money back to his mother.

In both of these cases the boys, as well as being 'street children', also fit into the definition of migrant labourers. Ravi has already been successful in finding work, when in Hyderabad, while Sunil only remains separated from his mother in order to find work. Therefore, it is only logical that the patterns of movement followed by these boys will follow patterns of labour migration. This is most likely to place them within the epidemiological movements of HIV/AIDS, due to the close relationship of HIV/AIDS and labour migration. However, as well as being labour migrants these boys have also become 'platform kids', sleeping at railway stations and living on the streets while they search for work. Consequently these boys are subject to the vulnerabilities associated with CWLS, which place them at high HIV risk.

Sunil's case demonstrates the danger that orphanhood may force children onto the streets. Although not technically orphaned, his father has left him and his mother. In this situation Sunil can be described as a 'de facto' paternal orphan; his father is no longer around to care for him and this is creating great financial hardship for him and his mother. The consequence of this is that Sunil, aged only 10 years, has been forced to look for work and forced out of his mother's home to become a 'platform kid'.

CWLS everywhere are vulnerable to exploitation and abuse. Section 6.2 emphasises the risk to HIV that life on the streets causes young people. In a city such as Vizag, this HIV risk is compounded by the situation that the main reason for high numbers of street children here, that they are following established labour migration patterns, also places them in an area of high HIV risk. Many of Vizag's 'platform kids' may well be en-route to the metros of Mumbai, Chennai, Hyderabad or Kolkata.

Those children who reside at Vizag's railway station may live in an arena of abuse, however for them this is also a protective society. Although it is a very transient community, young people quickly form alliances and friendships and the open platforms of the station do, nevertheless, become a community, in which members gain a sense of belonging and solidarity. While they may be subject to abuse, many of the members of this community have run away from their original communities because of abuse experienced there. Case study 6/2 (Ravi) serves as an example of this. Others, such as Sunil (case study 6/3), have been forced into homelessness by poverty and orphanhood and can only accept the abuse that is experienced within their new community, as they are without an alternative way of life. I have described this as a protective, as well as abusive, society, and this is explained in the following example.

Case study 6/4, The platform community

During my visit to the New Hope centre for street children, four boys entered the room, three older boys who had the appearance of seasoned 'street kids' and two younger boys. New Hope is a NGO that seeks to rehabilitate and find housing for homeless children. The centre that I visited is situated close to the railway station and provides short term shelter for children found sleeping on the platforms. Children can stay here for a maximum of one month, after which they will move to a rehabilitation centre, if it is decided that they are ready to do so. The children are not forced into rehabilitation as it is accepted that many are not willing to change the lifestyle into which they have become accustomed. The three older boys who had just arrived fitted into this category. They had no wish to be involved with any of New Hope's activities themselves, but had brought the younger boys here because they were concerned about their safety. Once their story had been translated to me it emerged that the younger boys had stayed at the centre before and run away. Their older companions felt that these boys were not suited to life on the streets, especially as they had been in trouble with the police within moments of arriving in Vizag. It was felt that if the younger boys returned to life on the platforms they would have more difficulties than most in staying out of trouble.

This example demonstrates that among the abusive world of the 'platform kids' there is also a caring community. This community is lived in by young people who, for many, have never experienced such social solidarity before. Others may have grown up with a sense of community from which they have become detached, and this may especially be the case with orphans. From their home communities they have found themselves homeless and disorientated. From this position they have then found themselves integrating into the communities of the railway platforms, rediscovering social solidarity in a new environment. In addition to this, such children have freedom of movement and a sense of adventure encouraged by easy access to travel, hopping from one train to the next, lured by the bright lights of the metropolitan cities. Many head for Mumbai, lured by the glamour of Bollywood. Wherever they go, homeless young people will be vulnerable to the most severe forms of abuse, yet they are also allowed into a society that allows them a sense of freedom previously undiscovered.

High numbers of street children in Vizag demonstrate that the movements of homeless young children often mirror patterns of labour migration. In addition to the high HIV risk that occurs from the lifestyle and abuse of children who live on the streets and railway platforms, this also means that the high risk behaviour of 'street kids' is likely to occur in those areas where the spread of the epidemic is at its most rampant, not just in the major metropolitan centres, but also in relatively smaller cities such as Vizag. The relationship is simple; where there is high prevalence of labour migration there is likely to be both high numbers of CWLS and increasing HIV sero-prevalence.

However, the problems that emerge from such a straightforward relationship are likely to be complex, diverse, and will certainly add to the impact of homelessness upon many of India's most vulnerable children. In addition to the risk to each individual of HIV infection, there is also the danger that groups of homeless young people, bound together by the social solidarity found among such groups, may be seen by the wider society as

pools of HIV infection, in the same way that red light areas are often viewed, and this is likely to cause increased stigma and alienation, among a group that is already made vulnerable by its isolation from mainstream society. Individuals that are labelled as members of high risk groups, especially sex workers and truck drivers, are often singled out as vectors of the epidemic and stigmatised accordingly. There is a clear danger that 'street and platform kids' will experience greater alienation by Indian society, should the full potential impact of HIV take its grip on 'street child' communities.

CHAPTER SEVEN

CHILDREN OF COMMERCIAL SEX WORKERS:
Mumbai and Kolkata

"A night is not merely a natural physical phenomenon. It is a psychological
and cultural phenomenon. Red light assumes vicious forms in the night
where evils are dressed like angels and unknown guests evict the households
on to the streets. Children witness their mothers being raped night after
night by ever changing strangers and learn not to seek their mother's
company even at the dead of the night, since the strange customer
has the first claim on their mother."

Extract from *Prerana's Intervention for the Protection of the Rights the Victims of Commercial Sexual Exploitation and Trafficking in India*, Patkar & Patkar (2000), p.7, Prerana: Mumbai.

7.1 Mumbai's Sex Industry

In order to gain an understanding of the situation of orphanhood among children of commercial sex workers (CSWs) in Mumbai, first we need to look at the society, the red light districts, in which they live. For this I am grateful to Priti and Pravin Patkar of the NGO Prerana, which has been working in support of victims of commercial sexual exploitation in Mumbai for over 14 years. It was only from my interview with them that I was able to gain my insight into the workings of Mumbai's red light society.

Although I have kept with the phrase "commercial sex worker" (CSW), because this is the standard terminology used in the field of social science to avoid the derogatory term "prostitute", Prerana objects to using the term "workers" to describe women involved in this activity. This is because the term "work", in this context, is seen to give legitimacy to the industry, hiding the fact that these women are better described as slaves rather than workers. Instead Prerana uses the phrase Victims of Commercial Sexual Exploitation and Trafficking (VOCSET) to describe those women more commonly branded as "whores" among those unsympathetic to their plight.

The women working in Mumbai's red light districts are commonly trafficked into the city using coercive means. They may be told that work can be found for them in the city, but not told the nature of the work. The victims are often recruited from abject poverty with false promises of the life they can expect in Mumbai, or told that they only need to work for a short period of time before they can return home wealthy. Once they are recruited into the brothels they have little chance of escape. They will face beatings from pimps and clients, but this is endured rather than to face the uncertainty of life on the streets. To run away back to the village from which they were recruited, even if they can afford to do so, may result in reprisals. Some of the victims are widows, forced into prostitution to survive without their husbands. Many are runaway girls, perhaps already trying to escape

a life of physical abuse, picked up as soon as they arrive at the station, or from the streets. Many are the children of commercial sex, born into the world of the red light and unable to find a future elsewhere.

Mumbai has a thriving sex work industry with an estimated 50,000 women engaged in commercial sexual activity[xii]. Among CSWs it is likely that more than 60% are already HIV positive. Pregnancy rates are also high, indicating a lack of condom use. This also means that Mumbai's red light districts are home to a growing number of children, made vulnerable by the commercial exploitation suffered by their mothers. Most of these children are without fathers, often conceived during their mothers' "work". Now AIDS is leaving many of these children motherless too and, for the children of Mumbai's red light districts, risk and vulnerability will be increased even further by orphanhood.

7.2 Children of CSWs, Kolkata

It has been estimated that there are around 50,000 sex workers in Kolkata, however it is impossible to enumerate a truly accurate figure as sex workers are very mobile and many women and girls leave or join the sex trade in Kolkata every day. It is even more difficult to enumerate the number of children of CSWs in Kolkata, however it is clear that many of them have children as contraceptive prevalence is low.

The children of sex workers are effectively all street children, as they have nowhere else to go but the city streets when their mothers are working, and this is mostly at night. Girls on the street are inevitably the victims of sexual abuse and this often leads to a career in sex work, as even the clients of sex workers will treat them better than the rapists on the streets, and sex work pays. So, in addition to the pressures for these girls to enter sex work, that come from having a mother as a sex worker and living in a brothel, the girls are also faced with street life as a further factor to push them into sex work.

Boys, like all boys on the street, are inevitably exposed to a world of abuse, as well as crime. As with the girls, there is a compounded causality for their venture into high risk behaviour. Growing up in the red light district makes a career in petty crime, which could possibly lead to involvement in organised crime, the most likely future for them. They also live on the streets by night, where the pressures to become involved in criminal activity are enormous, and where exploitation and sexual abuse is every bit as common place as it is in their mother's brothel.

7.3 Orphans of the Red Light Districts

For the daughter of a CSW, orphanhood almost certainly means that she will have to enter commercial sex work herself. Of course there is already a high possibility that this will happen to any girl born into a world run by brothel keepers and pimps. However, mothers engaged in commercial sex work, when interviewed by myself (in Goa) and by NGO workers in Mumbai always express a strong determination that their children will not have to enter the flesh trade. The mother's capability to keep the child out of sex

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work is limited by financial circumstances and the coercive nature of their employers, nevertheless the mother can, especially with support from NGOs, such as Prerana, exert some influence on the future of their children. Without their mothers, the orphans of commercial sex work are left in a much more vulnerable state.

Orphans in the red light districts become the property of the brothel keepers, who have no use for them unless they are "working". Boys may be put into male prostitution or sent to work recruiting new victims as they arrive in the stations or on the streets. They may also become involved in trafficking women and girls from outside Mumbai, or enter the other criminal activities undertaken by the pimps. Girls will inevitably take over their mother's trade. Without parents they are likely to take up this "work" at an earlier age than would otherwise have been the case for those who were doomed to follow their mothers anyway.

CHAPTER EIGHT

CHILD VULNERABILITY IN URBAN SLUMS

High rates of rural-urban migration in India lead to increasing population pressure in the major cities, and have caused vast 'slum areas' to emerge. These slums are often nothing more than 'shanty towns', makeshift settlements that emerge as a result of massive numbers of people cramming themselves into the cities, and making their homes from whatever resources are available. It is not just the male labour migrants that leave their families behind in their villages who migrate into the metropolitan cities, but sometimes whole families descend on the slums in hope of a better life in the big city. The children of these slums are often placed in positions of extreme vulnerability.

8.1 Child Abuse in Slum Areas: Kolkata

It is not only children living on the streets and the children of CSWs who are frequent victims of sexual abuse. In Kolkata's many, and densely populated, slum areas child rape is reported to be all too common. When child abuse is observed in slum areas the problem is usually brought to the attention of the local community. However, the usual response is "what's the problem? This happens all the time". One Doctor interviewed[xiii] in Kolkata spoke of an alarming, but not unusual, case. He had treated an 8 year old girl who was bleeding badly after having been raped by a 14 year old boy. This incident was met with the typical response from the local community when assembled to discuss the incident. Even the girl's mother refused to name the boy responsible. The problem here is that occurrences of such abuse are so common and widespread that for a sexually active boy to take a younger girl as he pleases is considered the norm among the slum communities. Many of the men in the community, including community leaders, will have taken part in such rapes themselves as boys, and some may still be doing it.

The risk of transmission of STDs, including HIV, must be high for girls growing up in such communities. Interaction between their abusers and children living on the streets, known to be a high risk group, is likely to be high. Therefore girls of the slum areas who are victim to this widespread sexual abuse, before they have reached puberty, are part of the same sexual network that includes street children, children of CSWs, CSWs themselves, as well as itinerant adults and sugar daddies.

8.2 Sanjay Camp, New Delhi

Sanjay Camp is typical of many slum areas in Delhi and most Indian cities. Here about 37,000 people are crammed together, living in ramshackle huts made up from whatever materials can be found. Like many Indian slums, Sanjay Camp was originally settled by building a temple on wasteland. Once the temple was founded the local authorities became reticent about moving anyone away, for fear of showing insensitivity to a sacred

site. Subsequently migrants from rural villages, mainly from Bihar and Uttar Pradesh, began to settle around the temple building, creating their own shanty town community. This community has remained here for more than twenty years, eventually reaching its current expanse of twelve and a half acres. The area has recently become the location of a FXB-India project, that aims to raise awareness levels of HIV/AIDS and STIs, through community participation and development.

Sanjay Camp is situated just to the south of New Delhi's diplomatic enclave. This is, generally, a prosperous area with a lot of development under way, providing offices and housing for the city's wealthier classes. On the fringes of the slum a new college is under construction, a very swish modern building, in complete contrast to the shacks that it looms over, with their plastic sheet roofs, poor sanitation and limited water supply. The new college could well be used to symbolize India's progress; an educational establishment, clearly well funded, which will no doubt be furnished with all the required facilities when complete.

But the impact of such progress on the poor slum dwellers of Sanjay Camp is much more negative than the area's developers would care to worry about. Their home is a blot on the landscape, a view of Sanjay Camp is not the panorama that should surround New Delhi's elite, and so the people who have turned what was once waste ground into a community have been given an ultimatum. They have three years to relocate, imposed by city authorities who hope that they will return to their villages. It is unlikely that many of them will go back to rural life. For most there is a greater probability of homelessness in Delhi being the better option when compared to a return to the drudgery of landless peasants. All of the residents, when asked by FXB staff, have firmly stated that they do not wish to return to the villages from which they, or their parents, came. But nobody knows where they will stay. Many believe that they will be able to live in government housing schemes. However, this is very unlikely and even if they are able to move into government housing the rent is far too high for their means; so eviction will follow shortly.

The quality of life in Sanjay Camp is what we can expect from an inner city slum in a developing country - terrible. Sanitation is virtually non-existent, while the population density is not so much over-crowded as downright claustrophobic. Understandably, disease is rife, especially tuberculosis, the developing world's most prevalent infection. Water supply is limited to six hand pumps serving the whole slum. One can only wonder at the sheer hardship endured in the villages to which slum dwellers are so reluctant to return.

A large number of the families here are headed by single mothers. Life for widows and their children is always tough in India, and when coupled with life in the slum the hardship exacerbates, and with it the vulnerability of the children. These single mothers have no choice but to go out to work, leaving their children to fend for themselves during the day. The young ones can find nothing else to amuse themselves than to play in the dirt, one thing of which there is no shortage in Sanjay Camp. The under fives are deprived of much of the mental stimulation so vital to the cerebral development of children of that age. Older children may play some part (especially the girls) in

entertaining and meeting the basic child-care needs of their younger siblings. However, this deprives them of an ordinary childhood, as child care work will have to be balanced with general domestic chores, while the mother works long hours to earn just enough for a bare subsistence. The combination of high levels of exposure to disease and infection, malnutrition, and an almost complete lack of early child development contribute to the already restricted life chances of children born into the low status families that populate the poorest villages and the inner city slums of rural-urban migration.

One of the children of Sanjay Camp is a five year old orphan girl. She has no family to live with and when asked where she stays seemed confused and unable to give a definite answer. It appears that she drifts from one house to another, surviving on the sympathy of neighbours who are unable, because of their own poverty and deprivation, to provide her with a permanent home. It was said that an old man had "adopted" her, but that he was too infirm to take care of himself, let alone a dependent child. It was also said that she often stayed with a local chai-wallah. When asked what she did with herself during the day she replied that she would start very early, cleaning pots and fetching water for the chai-wallah. It was unclear whether this chai-wallah had taken an interest in the child's well-being, giving her shelter and some tasks to keep her amused, or whether his interest was purely to exploit the girl for free labour. After some time she also said that she did have an uncle and a two year old brother, who live elsewhere. No reason was given as to why this uncle cannot take care of her along with her brother. Perhaps, as a girl, he sees no advantage in looking after her. Or perhaps the story of an uncle is a sign of the child's imagination clinging onto the notion of some real family, somewhere else.

Certainly any children born into a slum such as Sanjay Camp are exposed to a number of factors of vulnerability. Following restricted early years development, the older boys, and girls, when not burdened with child-care and domestic chores, will roam the city streets desperate to earn any small amount of money that they can to alleviate their abject poverty. Young people in this position will be exposed to all the levels of exploitation associated with a major city like Delhi, and many are likely to be easily lured into crime or sex work. There is a government school in Sanjay Camp, however this is described as nothing more than a token gesture. The building is there and some of the children attend classes, but it is said that they receive no real education. Even if proper education was provided, the school has room for only 250 pupils. In Sanjay Camp there are nearly 8,000 children.

The vulnerability of children at Sanjay Camp is bound to be increased if they are forced to move from this site. For example, we can look at the situation of the 5 year old orphan girl already mentioned and ask 'what is going to happen to her if she is forced away?' She has no home village to return to, and no family to guide her anywhere else. Many of the adults living here believe that they will be housed in government schemes, but this is really very unlikely. Even if they are provided with government housing the rents are far too high for their current incomes, so they are more likely to face eviction than be given a stable home for the future. They may choose to move into other slum areas, increasing pressure there on sanitation, water supply and general over-crowding. There is also no guarantee that they will not be moved on again.

For many, life on the streets, which is not far removed from the conditions they live in now, may be the only viable option. Certainly those with permanent work or established trading opportunities will be reluctant to leave Delhi, even though this work does not yield enough income for a real home. For their children, this means that vulnerability will be exacerbated as exposure to the exploitative and abusive nature of street life is increased. Without a permanent home families may struggle to stay together. Children may find the community of the independent "street kids" more attractive than their biological families. Parents, especially single mothers, may struggle to care for their children, sending them to orphanages.

All of the current residents of Sanjay Camp are likely to be pushed into a more itinerant lifestyle if forced to leave. This not only creates instability for their children, but there is a high probability that this will increase their HIV risk, as itinerant workers are always placed in the "high risk" HIV/AIDS group. The children are especially liable to face a high HIV risk future, becoming more vulnerable to sex work traffickers, child abusers, and drug pushers.

The situation of Sanjay Camp demonstrates existing factors of child vulnerability in India that are very likely to be heightened by the HIV/AIDS pandemic. Poverty here not only increases general vulnerability for the children of Sanjay Camp, but also increases HIV/AIDS risk. As is so often the case in India, the need for labour migration as a coping strategy to deal with poverty is the initial cause of this vulnerability, for it is rural-urban migration that creates the necessity for people to live in slum areas such as this. Sanjay Camp demonstrates both urban and rural problems of poverty and deprivation.

For children born into this slum environment, the effects of their parents' initial migration are many and various. While these families may have 'settled' in Delhi, their future at this settlement is precarious. The slum could be dissolved at any time, leaving families with considerable uncertainty as to where they may live next, and homelessness is likely to occur. Add to this that the children have been raised within a cultural setting where migration as a coping strategy is the norm, then there is a significant likeliness that many will travel elsewhere, becoming 'street kids' and 'platform kids'. This is very likely to occur when children become orphaned, but also if they are forced to relocate, or under pressure to find work to help alleviate family poverty.

The case illustrated here, of a five year old girl, shows that when a child becomes orphaned there are members of the community willing to help, but in this case the child is left drifting from one helper to another with no-one able to provide the long term stability that this child needs. Even while remaining resident in Sanjay Camp, where she was born, the girl is already learning to be mobile in order to survive.

CHAPTER NINE

INSTITUTIONAL CARE

India already has a large number of institutional homes caring for children who are either orphaned or separated from their parents. During the period of research it became clear that there is a prevailing attitude in India that institutions are the best, or only, way available to take care of orphans and other children in need of additional care. When field visits were made, and subsequent questions raised by local people, community leaders and, in some cases by NGO workers, as to the utility of the research, an immediate assumption was often made that FXB's plans were to build orphanages. Although fostering does occur, there is a common opinion in India that the only place for an orphaned child to go is into an institutional home. Yet, institutional care for children is an approach imported from western Europe, where it has largely been abandoned. Doubts have often be raised in the west as to whether the main purpose of institutional homes for children is to meet child-care needs, or whether they are built to prevent unwanted children from being a nuisance to the rest of society[xiv].

Examples of residential homes in India, given in this chapter, do demonstrate that these homes are run with a greater emphasis on keeping children "off the streets", more than as welfare provision for vulnerable children. The emphasis becomes one of control, which means that, although children in residential care are protected from the vulnerability of life on the streets, their shelter also shields them from general Indian society. Even though they will have to integrate themselves back into that society as soon as they reach 18, or in some cases 16, years.

A family is the only environment in which the emotional and social needs of children can really be met. In the case of double orphaned children this means that children will have to be fostered into a new family, a highly problematic situation in poor communities where many people struggle to provide for their own children. However, experience from Africa has shown that this can be achieved if adequate support is offered to fostering families. Costs/benefit analyses have also shown that community based care is more cost effective than residential institutions[xv], with orphanages often costing five times more than community based alternatives.

There are a wide range of institutional homes in India, some of which are government run, others set up by NGOs or religious groups. Some of these care only for orphans, others include children who are sent there because of their parent's poverty. In one of the homes visited all the children living there had mothers, still living, who worked as CSWs. Below, I have given outlines of four of the institutions visited during this research, which between them typify the levels of care provided for Indian children in residential care.

9.1 Residential Home for the Children of CSWs, Dudu, Rajasthan

This home has over 100 residents, all children of CSWs from a 15km radius around Dudu. The aim of the organization running this home is to keep children out of the sex working environment. This began with a day care centre, bringing the children from the villages in a minibus and returning them in the evening. Eight years ago it was decided to build a residential home instead. The children, boys and girls aged from 7 to 15 years, are all housed permanently at the home, which doubles as their school in the daytime, and the staff here are all teachers by profession. The children are allowed visits from their mothers twice a month. When the staff were questioned about the willingness of CSW mothers to send their children to this home the response was that there had been some difficulties when the project switched to residential care. However, they went on to sat that they have managed to break down resistance to this with assistance from local community leaders, who persuade the CSWs that is in their child's best interests to live in residential care. The community leaders are persuaded that it is in their best interest to assist by provision of inputs such as water pumps and sewing machines to the local community.

9.2 Home for Orphaned Girls, Jaipur

Most of the 31 girls resident here were paternal orphans, indicating that widows with paternal orphans are under greater pressure to place their children in institutional care than families caring for maternal orphans. This was the only residential institution visited that demonstrated any plans for the children after they leave the home. Marriage was arranged for the girls, with dowry paid by the home's benefactors. This raises the question as to whether the main reason for these girls being sent to live in the institution may be from fears that they will not marry, as their widowed mothers face great problems raising dowry payments otherwise. It should be remembered that concerns over daughters' marriage and dowry payments were often raised by widows in interviews during field research.

9.3 State Managed Boy's Home, Jodhpur

At this home there is not any provision made for the boys for when they leave the home. They are sent to school, but do not receive any skills training. At 18 years they have to leave, without any support provided to assist in their adaptation to adult life in the community. In addition to a lack of practical support, the boys also have little opportunity of socialization in the outside community, other than going to school. When the staff were questioned about this it became apparent that there had not been any thought put into this situation at all.

There is no real child-care provided, the staff here are three untrained "supervisors", whose role is to make sure the boys do not fight among themselves and to keep the building secure so that the boys do not run away to live on the streets. The fact that the role of staff here is essentially one of security may have something to do with the most

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worrying aspect of this home. It also doubled as a home for juvenile criminals. Here orphaned children were housed, with no other apparent objective than to keep them off the streets, in the same building as boys convicted of murder and rape, as well as other crimes. At the time of my visit the young offenders were locked away from the other inmates, kept in a small room by themselves. I was assured that these boys were kept permanently in their cell, except for when the other boys were at school, and it is not hard to believe that in India young offenders will be treated in such a way. However, from the point of view of the orphans, it cannot be considered appropriate to house orphaned children in such a secure building, shutting them off from the outside world. The only purpose that this institution seems to serve the orphaned boys is to keep them from being a nuisance to society, just as it did with the young offenders.

9.4 Islamic Children's Home, Jodhpur

There are exactly 100 boys living at this home, of whom only 15 were described to me as orphans. The others were said to be in the home because their families are too poor to look after them adequately. From questioning the staff at the home it appeared that some of the boys maintained contact with their parents, while others did not. I was not able to discover how many were no longer in touch with their parents, but none of the 15 orphans had any contact with their families.

The boys here received basic food, dormitory shelter and an Islamic education but little, if anything, else. They did not receive any skills training, and their teachers were unable to explain any other lessons taught apart from teaching them to memorize and recite the Qur'an. It soon became quite clear that this was the only education, indeed the only occupation, on offer to these boys.

The boys who stay at this home all leave once they reach sixteen years of age. Those who have families will return, although there has to be some concern as to how they will adapt to life in their families' villages and cities, and away from the institutionalized environment in which they will have spent their childhood. This situation will be worse for the orphans who do not have families to return to. I was told that they are expected to seek teaching work, either in Islamic or government schools. However, it will be absolutely impossible for them to teach in state schools, as their only education comes from reciting the Qur'an. If the Islamic organization that is currently housing them cannot guarantee them teaching work, then there must be some doubt as to the possibility of this at all. Clearly there is a danger that the orphan boys living at this home will be evicted at 16 years, ill equipped for life outside.

9.5 The Main Drawbacks of Residential Institutions

Institutionalization
Children in institutional homes tend to lack the socialization necessary to cope with life outside their institution. They are kept inside an enclosed environment, sometimes because of fears that the children will escape, preferring life on the streets. In other cases this may be because outside contact is considered to interfere with the aims of the organization housing them, such as focusing the children on rigid and relentless religious teachings. In the case of the home for children of CSWs, coercive methods have been used to bring the children into residential care. The home is run on the principle that it is wrong for children to live in an environment of sex work, and therefore any method to remove children from this can be justified. Yet no thought at all is given to the impact on the children of the alternative provided, in this case institutionalization.

Lack of skills training
Little thought, if any at all, is ever put into the fact that one day the children will grow up and have to leave institutional care. Skills training, that will provide the children with the capabilities of earning a livelihood in adulthood, is an essential matter for orphans brought up in residential care. They often lack the contacts that can be established through family with the wider community to find work or apprenticeships. The damaging effects of limited socialization and institutionalization will already leave them struggling to survive. In order to counteract this, these children need to have a livelihood strategy already in place before they are evicted from their childhood home.

Lack of specialist child-care
Staff at residential institutions tend to be employed only for practical purposes. They are security supervisors, cooks and sometimes teachers. The homes are usually gender segregated (the home for CSW's children is the only exception to this that I am aware of), with same sex staff. The children are denied the love and affection which most of us would consider a basic human right, yet this has added importance for orphaned children. The traumatization of losing one or both parents, as well as the disorienting effect of taking a child from their home community into a strange and alien environment make skilled, professional counseling an essential requirement. Those children orphaned by HIV/AIDS in particular will have had to care for sick parents and watch them die. Such children cannot be taken away, dumped in a "home" that offers nothing more than food and shelter, and denies them contact with the world outside, and then be expected to re-enter society on reaching adulthood.

9.6 Alternatives to Residential Institutions

There should be no doubt that the best environment for children to grow up in is a family and in the type of community in which they will begin their adult lives. Residential institutions isolate their children from the society in which they will have to eventually live. Institutional homes also tend to be run to serve the organizational culture of the institution, rather than to meet child-care needs. Visits to these 'homes' have revealed

that the majority are little more than warehouses used to store children, to prevent them becoming a burden to outside society.

However, in the case of orphaned children, there are many obstacles to be overcome if such care is to be provided. Widows struggle, financially, to cope with their paternal orphans. Fostering households often lack the resources to cope adequately with extra children. There is also the danger that fostering places the children in the care of elderly relatives too old to provide the care that the children need. Clearly, outside support must be provided for fostering households if fostering is to be a viable alternative to institutionalization for many of India's orphans. However, it should also be remembered that community based orphan care has been proven, in the African context, to be more cost effective than institutional care. Resources put into orphan care by government and NGOs should be targeted at support for community based orphan care, rather than institutional care, to enable families to foster orphans, and to keep the orphans already in their care, without economic detriment occurring to fostering households. The current situation in India is that those resources made available for orphan support are given to institutions, while individuals who choose to foster orphans from their extended family, and widows who are determined to keep their children in their care, are left to cope with the orphan burden without any external support.

However, before writing off institutional care completely, we should note that there are some circumstances in which institutions can play a positive role. Institutional care need not mean residential care. For example, the FXB *Asha Sadan* programme in Baina, Goa, provides day care facilities for the children of CSWs in much the same way as the NGO at Dudu, Rajasthan had once done before the change in policy to residential care. At *Asha Sadan* children are given somewhere to stay while their mothers are at work, taking them away from much of the sex work environment to which they would otherwise be exposed. The children are also given school lessons, which are often not available to the children of CSWs. In addition to the help offered by the FXB *Asha Sadan* programme, these children also remain with their mothers who, on the whole, give as much love and care to their children as any other parent. While the lives of these children are by no means ideal, they are probably better off living with their mothers, but given an escape from their mother's sex work, than living in a residential institution.

Another institutional approach that provides an alternative to residential care is provided by the CHILD (Children of HIV positive Individuals Living in Dignity) project in Mumbai. In addition to community based initiatives, CHILD runs the *Ashray* children's centre. This largely acts as a day care centre for paternal orphans, allowing widows to go out to work knowing that their children are cared for, and safe. The children here are provided with meals, as many are malnourished when they first come to the centre. Specialist care is also available for HIV positive children. Residential care is provided on a short term basis in circumstances where the mother is unable to cope with the child at home, until the problems that cause this situation are alleviated. In cases where HIV positive mothers are too ill to look after their children, the children are given a home at *Ashray* until a foster family is found. In this circumstance, the children will only be moved to a foster family after their mother has died.

The important aspect of these two initiatives is that the institutions only act as a temporary stop-gap. Their role is to identify the problem that causes a need for institutional care and only provide that care while it is needed. In the case of FXB *Asha Sadan* this means taking children away from the sex work environment while their mothers are working, and allowing them to stay with their mothers when they are not entertaining clients. In the case of *Ashray*, children are provided with care by the institution, but only when their widowed mothers are unable to do so. The important factor of both organizations is that children receive external care when and where this is necessary and are then returned to their mothers when it is not.

CHAPTER TEN

CONCLUSIONS AND RECOMMENDATIONS

The results of this research have demonstrated that the death of one parent greatly exacerbates the effects of poverty, and creates additional vulnerability, for most orphaned children in India. It is also clear that many of India's children are already vulnerable to the pressures of poverty, resulting in child labour, lack of education and poor health, even without orphanhood. In extreme cases this vulnerability leads to bonded labour, children living on the streets and children's involvement with the commercial sex industry. There can be no doubt that orphanhood increases this vulnerability. Orphaning can also impact upon adults in Indian society, as many have to take on the burden of widowhood and fostering, which is especially problematic for the elderly, while a large number of children will enter adult life ill prepared for their role in society, as a result of the impact of orphanhood.

An increase in orphaning caused by HIV/AIDS will not only raise the number of orphans in India, but will increase the difficulties of coping with orphans. We can expect to see a higher percentage of double orphans, which means that households will have to increase their number of dependents, fostering parentless children; or institutions will be put under greater pressure; or India will find its streets providing spurious refuge to ever increasing numbers of children. Or, most likely, we will see a combination of all of these impacts taking effect.

Interventions are needed to protect massive numbers of children from the life of intolerable deprivation and vulnerability that can, and in many cases will, be caused by orphaning. If such interventions are to be successful then there is little value to be found in applying simplistic measures that only deal with the symptoms of the crisis. Instead, we must tackle the problems of orphanhood at their root causes. Why build institutions that mop up children from the streets, or take in those otherwise destined for the streets, when the same resources can be utilized to keep orphans in their home communities, needing neither orphanage nor street life? To conclude this report I have summarized the root causes of orphaning's negative impacts, as demonstrated by this research project, with recommendations as to what might be done to reduce the impact. This does not provide all the answers to all the problems, but is merely a starting point to the challenge ahead.

Diversity of Orphanhood

It is not enough to identify specific children as "orphans" and to assume that all orphan focused interventions will benefit all orphans equally. Orphanhood affects different children in different ways. Paternal and maternal orphans each have different problems affecting them. For double orphans and other children not living with their parents, their situation will differ in relation to the situation of their guardians. If their guardians are elderly then, in many cases, the dependent-carer relationship may be reversed with the

children effectively acting the role of guardian to their elderly dependent. Then there are also children without guardians, a situation that is typified in India by children on the city streets. However, in Africa, where HIV/AIDS has caused large numbers of double orphans in rural communities with few surviving adults, "child-headed" households are to be found, in which siblings fend for themselves. As labour migration has already been shown to spread HIV into India's rural communities, this situation may well occur in India before long. There are also "de facto" orphans: children not normally defined as orphans, because both parents are alive, but who lack any real support from mother or father. Once again, HIV/AIDS may be a factor that will proliferate this situation, as children are left to care for parents living with AIDS, which can cause a protracted period of disablement before orphaning actually occurs.

Effects of Labour Migration

Labour migration can impact upon children in many ways. Initially it can be the cause of orphaning, as it is a major factor in the spread of HIV/AIDS. Then, there are other factors that can have negative effects for orphans.

A maternal orphan whose father is away on long term migration work may well be a candidate for "de facto double orphanhood". The father may not be able to return home, as this will deprive the family of their only source of income, thus having to leave the children with relatives, most likely grandparents. Or, the children may move to join their father in the city. Even in this situation the children are likely to be parentless for much of the time, as the father will work long hours, and it is unlikely that he will have female relatives in the city who can provide help with child-care. Young children from a rural village living without adult guidance in a major city may well be a very vulnerable group indeed.

Paternal orphans may well be expected to embark on labour migration to replace their father's lost income. Or they may leave on their own accord to escape the poverty of a widow headed household, with traditional migration patterns providing an easy escape route. This can lead to children living on the streets or being recruited for sex work. Whatever occupation that they may find, labour migration places them in a high HIV risk group, developing a vicious cycle of AIDS leading to orphaning, and orphanhood leading back round to AIDS.

Furthermore, where labour migration is common, there will be fewer adults, other than the elderly, resident in the same village as those children who have become orphaned. This is likely to increase the possibility of grandparent fostering, typified in case study 4/1 (page 24).

Solutions
Areas where labour migration is most prevalent should be a prime focus for orphan care programmes. Not only because of a high risk of AIDS orphaning, but also because of a reduced capacity to cope with high orphan numbers, as well as the potentially high vulnerability to orphans in such a community. Anyone aiming to reduce the vulnerability

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of children in such areas should note that elderly fostering is likely to be the norm for double orphans. Traditional use of labour migration as a coping mechanism to reduce poverty will also take effect on coping strategies employed to deal with the constraints of orphaning and orphanhood. Borrowing of money, with credit paid back by boys migrating to work, is considered by some households to be a viable coping mechanism. Support to orphan caring households that will provide assistance to elderly guardians and viable alternatives to labour migration, is necessary if orphaning and orphanhood are not to be factors that increase rural-urban migration

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Household Labour Time Consumption

Any intervention that will reduce the burden of household labour time consumption will ease a great deal of the stress of widowhood and orphanhood, especially where elderly guardians foster children. Two of the biggest factors in household labour time consumption are water and fuel-wood collection.

Labour saving inputs may alleviate some of the stress in the household, and go some way to keeping girls in school and reducing the impact of the orphan care burden on the elderly.

There are three strategies that can address this.

1. Initiatives that reduce time consumption burdens.
Improvements to water supply will be of major benefit to orphan households, as well as neighbouring households, if reductions of time consumption are of prime concern to the planning process. If more water sources are available, then time spent queuing for water should be reduced. More importantly, water sources should be located as close as possible to those households that are most in need of improved water supply, to reduce time spent travelling to the source. It is also important that no caste restrictions should be applied to new sources of water.

Fuel efficient stoves are another time saving input that can assist in savings on domestic time consumption. These reduce the need to collect firewood (can be cut by 75%) and reduce cooking time. The *chula* stoves most commonly used by poorer households in India are reasonably efficient in terms of cooking time, but many households interviewed found that fuel wood collection was taking up far too much of their time. This may have as much to do with the scarcity of wood, rather than the efficiency of the stoves used. Therefore, if alternatives to wood can be used that do not increase cooking time, then a large time burden will be lifted from orphan households. This will also reduce the need for households to access illegal supplies from forestry commission protected land.

2. Assistance to implement Income Generating Activities (IGAs).
The FXB orphan programme in Luweero, Uganda, has been doing this for some time with great success. Projects such as animal rearing, horticulture, or sewing machinery, provide orphan guardians with some immediate income to pay for the cost of child-care, as part of long term sustainable IGAs, which also provide an opportunity for skills

development for the children. As these IGAs allow cash generating work to be carried out in the household, then families that have adopted this scheme find balancing household chores with income generation much easier. What is required is for an assessment to be made of local markets, so that support and advice can be made to implement IGAs appropriate to local income generating possibilities.

3. Greater co-operation within communities.
Where orphans are living in joint families, the household has absorbed the impact of orphanhood, in relation to household labour time consumption. This demonstrates that with more people sharing the workload, greater efficiency gains can be achieved. For those unable to reside in joint families, what is required is for single parent nuclear families and fosterers living in the same community to co-operate with each other, pooling resources, sharing the workload, and providing mutual support.

Community Based Initiatives for Orphan Care

The IGAs, household labour saving inputs, and co-operation between orphan caring families mentioned above, are all examples of community based approaches that go some way to helping families care for their children, and prevent much of the need for institutional care. Mutual support groups need not limit themselves to coping with household labour. In some rural parts of Africa village orphan committees (VOCs) have been set up and have proved an effective way to mobilize resources for orphan support.

VOCs enable easier tracking of families with orphans who already receive some benefit from interventions, as well as location of families in need who currently lack any support at all. If run correctly, on a participatory basis, these committees allow orphan carers, and the children, to have their say as to what their needs are. It is, of course, important that access to these committees is allowed to all orphan caring families, irrespective of social status, caste, etc. It is equally important that committee meetings should be facilitated in a manner that allows all members to have a voice, especially women and the poorest families.

In the urban setting community focused committees are more difficult to set up as people lack the same sense of belonging to a community than in the rural areas where "community" is often defined by village boundaries. However, where day care centres are set up especially for orphans, these provide a meeting point for widows, widowers and fosterers. Such centres can be built on as a focus for community based initiatives in the cities, as long as effort is put into locating families with orphans whose children do not attend the day care centre, through their neighbours that do. Once orphan carers can be grouped together to share their problems, a sense of community should develop.

Beneficial Credit

Many families in India are resorting to credit as a short term coping mechanism for poverty, even though the burden of their debt causes many long term problems. Orphaning exacerbates these problems, especially paternal orphaning which deprives an indebted household of its main source of income. Despite this, many widows are also borrowing money in an attempt to alleviate their poverty. The consequences of an unserviceable debt can be asset stripping, pressure for child labour, and in more extreme cases homelessness, and household members pressed into bonded labour and sex work.

Micro-finance credit schemes, aimed at providing sustainable and manageable loans, have been implemented with some success in many countries, including some parts of India. More than 22 million people use micro-finance globally, with repayment rates typically above 90 per cent, and these have been especially successful when focused on women[xvi]. These schemes work in conjunction with IGAs, aiming to provide people with the necessary income to repay their loans. They are also managed by non-profit organizations, ensuring that interest is low and that pressure for repayment does not result in the problems already mentioned.

Micro-finance credit should relieve the need for more risky borrowing if it can be made available to households with orphans. However, in order to work it must be accessible to all poor people in the community, not only orphan households, as we cannot know which households will house orphans in the future. Poverty alleviation before orphaning will improve capabilities for coping when orphaning occurs. Micro-finance needs to be run by professionals with relevant skills and experience. They must provide advice and guidance on the correct use of capital gained from borrowing, and have knowledge of local markets. But it is also important that the planning of credit schemes that target HIV/AIDS affected communities is informed by people with a specialist knowledge of the impact of HIV/AIDS, so that the scheme will allow for the changing household dynamics caused by AIDS mortality within households. It should also be recognized that those households most in need of such schemes are likely to already be in debt through less scrupulous creditors.

Revision of Institutional Care

Residential institutions are never an ideal environment in which to bring up a child and, in my experience, those in India are worse than those typically found in Africa. Indian residential institutions appear to exist primarily to remove the nuisance of "excess" children, with complete disregard for the needs of the children themselves.

Community based initiatives should, if adequate resources are provided, prevent the need for most single orphans to leave their surviving parent. If adequate support is given to extended family fosterers, most double orphans should also be able to reside in a family environment. The resources necessary for community based programmes can be found,

albeit with a concerted effort for policy shift, bearing in mind the high cost of residential institutions, which seem to have no problem flourishing.

Day care centres, on the other hand, provide a useful cross-over between institutional care and community based care. These centres can relieve much of the problems of working widows in finding adequate care for young children, allow the children of sex workers an escape from red light areas, and enable community workers to identify areas and households with vulnerable children. In situations where temporary residential care can be assessed as having positive long term benefits for a single parent household then this should be provided by those organizations set up to provide stop-gap care. An assessment of "positive long term benefits" should mean that by providing temporary relief from child-care responsibilities, the parent is better able to care for the child in the long run. This is just as likely to be constructive in cases where a parent is living with AIDS, or suffering from another dehabilitating illness, as it is for orphans.

Health Focused Interventions

The impact of an HIV/AIDS orphan crisis will be greatly exacerbated by the existing large scale orphaning caused by tuberculosis in Mandore. Therefore interventions aimed at reducing the horizontal impact of the HIV/AIDS pandemic in Mandore, and other similar communities, will be at an advantage if preceded by health interventions to deal with TB. This provides a lesson for dealing with AIDS orphaning generally. Where there is already a specific cause of orphaning, this will increase the impact of AIDS orphaning if not dealt with at least simultaneously, and preferably before, HIV/AIDS begins to claim the lives of parents. In all cases, an HIV/AIDS orphaning crisis will be more manageable if there are fewer orphans from other causes, and especially hard to bear if the orphan care base is already placed under extreme pressure.

In addition to this, programmes aimed at the physical well being of orphans are also important. While, in the long term, the aim should be to improve the health status of orphaned children by improving their guardian's capabilities of caring for them, in the short term many guardians struggle to buy medicines and to feed their children adequately. Those children in the care of elderly guardians were often visibly malnourished, while some widows interviewed said that their household often ate nothing but chapatis.

Children who experience orphanhood, as well as surviving parents, also need psycho-social support, such as bereavement counseling as well as support to deal with the emotional stress of increased poverty and hardship. This is especially the case for AIDS orphans who will have had to care for their dying parent through a protracted and complex illness, and may be caring for a surviving parent living with AIDS.

Education

School drop out has proved to be a common factor among orphans in the research population, especially among girls. Two factors cause this. There are the financial costs of going to school that often prove prohibitive, even when lessons are provided free in government schools, as materials and uniforms have to be bought. Then there are also the opportunity costs incurred by school attendance. As orphanhood frequently creates an increased need for children to work, both paid and household labour, many orphans simply cannot find the time to attend school.

In addition to the negative impact on schooling, orphans often miss out on skills training that would have been provided by their deceased parent. If children are sent to an orphanage they are unlikely to receive any skills training there and also lose the chance to train elsewhere, for example with a relative or neighbour.

Programmes aimed at improving literacy, especially girls, are unlikely to succeed among orphans unless they run simultaneously with programmes that reduce household labour time consumption and the need for children to do paid work. Orphans' chances of earning a satisfactory livelihood in adulthood will also be improved if skills training can be provided. This also needs to be accessible to children in residential institutions or, if not, then made available to youths on leaving residential care.

Summary

From the results of this research some idea can be gained as to what is required to initiate interventions that will benefit India's orphans. These are summarized below.

❖ Diversity of orphanhood has to be recognized. It is not enough to target orphans as an homogeneous group with the assumption that all will share the same needs. In reality, the impact of orphanhood will vary according to the situation of orphaning, fostering and factors previous to orphaning.

❖ If there is a need to target specific areas for intervention, then those where migratory labour practices are most prevalent are likely to be the areas worst affected by AIDS orphaning and where orphans are most vulnerable.

❖ Any programmes or inputs that reduce household labour time consumption will relieve orphans and their guardians of constraining factors that limit their capabilities to cope with orphaning and orphanhood.

❖ Community based initiatives are necessary to prevent growing numbers of children from being fostered by the elderly, sent to orphanages, or having to live on the streets. Orphan committees, similar to the African VOCs, are required so that all orphan caring families can be identified and are allowed to voice their opinions, to inform best policy and practice for orphan support.

❖ In conjunction with community based programmes and action to reduce household labour time consumption, IGAs can provide a basis for relieving poverty and other constraints faced by orphan households. The amount of inputs that can be donated for IGAs will depend on available resources. Micro-finance credit schemes, on the other hand, can provide households with the necessary capital to set up IGAs independently from philanthropic aid. However, these schemes must be tailored to suit orphan caring households in HIV/AIDS affected communities, and business advice has to be provided as an integral part of the scheme.

❖ Many of India's children are deprived of a formal education and orphanhood can decrease capabilities of attending school. Reductions in household labour time consumption and general alleviation of poverty will enable more children to access an education. Government agencies and NGOs operating programmes to improve literacy and education must be informed of the specific ways in which orphanhood can affect the potential success of their interventions. Furthermore, technical training that provides skills appropriate to the local labour market should be available to those who have lost access to this through the death of a parent. This should especially be provided to youths that have already missed out on a school education.

❖ Attitudes and approaches to institutional care need to be revised. The prime objective for any organization working with vulnerable children should be the needs of the children themselves. Their role should be one of child-care, not child control, and their methods should not be dominated by the organizational culture of the institution. Institutional care should only be used if there is no other viable alternative, and then institutionalization must be kept to an absolute minimum. Stop-gap institutions, offering day care and temporary residential care, are all that is necessary if sufficient community care is already in place. In cases where residential care is necessary, guidelines should be followed to ensure that children receive sufficient care. Below I have listed essential factors for adequate institutional child-care, based on observations of what is lacking in Indian orphanages visited during this research project. I am sure that other researchers, field workers and child-care specialists could add more points to the list.

- The child's socialization and acculturation should not be affected. As much contact as possible with society outside of the institution must be allowed.
- Schooling should be provided. However it is important that the child is also given the necessary skills development with which to cope outside of the institution in adulthood.
- Children leaving institutional care should receive follow up support.
- The child must be allowed as much contact with family as possible. In the case of double orphans (or de-facto double orphans) contact with extended family, even if there has been little or no contact before, should be encouraged.
- Except in cases of serious abuse, children should always be returned to a surviving parent, once there is no longer any benefit gained from temporary fosterage, as long as both parties are willing. Where one or both parties object to re-union a process of reconciliation should be in place.

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- Staff at institutions should be properly trained in child-care. Janitors and teachers are not sufficient; children need love and affection, not just a school desk and a bed for the night.
- Institutions should provide counseling for children affected by the trauma of their orphanhood.
- An institution should not be an organization in itself, but should be part of an integrated programme that includes community care, stop-gap care, organized family fostering, and family tracing. The controlling organization should be prepared to close down the institution once it is no longer necessary.

In countries that have been devastated by the HIV/AIDS pandemic, AIDS orphaning has inflicted enormous damage on the life-chances and capabilities of children who are left to survive in communities where the orphan care base has diminished at the same pace with which orphaning has flourished. Orphanhood has been the cause for many children growing up without the love of parents, uneducated, homeless, malnourished and subject to abuse and exploitation. It has also been a factor in continuing the spread of HIV/AIDS. Orphanhood can not only cause individual children to lose what should be basic human rights, but affects the whole of economy and society, victimizing those people (the young) who represent the future hope to repair the damage of today's AIDS affected communities and nations.

In India many children are already deprived of their basic rights, some through orphanhood, others because of their parent's poverty and social exclusion. The numbers of deprived and excluded children will rise if increasing numbers are orphaned by AIDS and too little is done to prevent the onset of orphanhood from becoming the first step of a downward spiral. HIV/AIDS prevention programmes alone are not enough. An inestimable number of children are already doomed to orphanhood as a result of current infections. If action is not taken to support these orphans, many will be pushed into high risk groups, contributing to the spread of infection, undermining the same prevention programmes that aim to control the virus responsible for their orphaning. Some Indian NGOs have already begun to take on the challenge of support and protection for AIDS affected children. This support base will have to expand, and do so fast. India has to learn from the experience of Africa that AIDS does not just strike down the infected, but leaves behind many more victims, much of them children, in its wake.

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