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Research Article

Livelihood Opportunities for Young People Living With HIV (YLH) in Institutional Care: The Way Forward

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HIV continues to pose a catastrophic public health threat, reaching crisis proportions among young people. The study intends to understand the livelihood opportunities for Young people living with HIV (YLH) in Institutional care, its promotional prospects, and the way forward. The researchers conducted the study in an institution providing care for young people living with HIV in Tamil Nadu, using the Case study method. Semi-structured in-depth interviews were conducted using Purposive sampling to collect data from six inmates (15 to 18 years) and their three caregivers. The interviews were then transcribed, coded, and analysed to generate themes and conclusions. This study brings about various services provided by the institution for livelihood promotion & its effectiveness, After-18 care services, future employment challenges and ways to overcome them.

Keywords
Young people living with HIV (YLH), institutional care, livelihood opportunities, after-18 care: challenges, COVID-19

INTRODUCTION

HIV continues to be a significant global public health issue, claiming 36.3 million lives. HIV infection has no cure. However, there has been remarkably increased access to effective HIV prevention, diagnosis, treatment, and care, including opportunistic infections. HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives (HIV/AIDS Fact Sheet, 2021). In recent years, advances in medical research have allowed anti-retroviral therapy (ART) to improve significantly, allowing individuals with HIV to suppress the virus effectively. Consequently, new infections and AIDS-related deaths have declined worldwide. Despite this, stigma, discrimination, and unequal access to healthcare remain significant obstacles to eradicating HIV globally.

Young people living with HIV (YLH) represent a particularly vulnerable group among the affected populations. The infection affects many perinatally, disrupting physical, emotional, and social development. Providing livelihood opportunities can be a key support pillar for YLH. It can contribute to their

financial independence, social integration, and overall well-being. This study aims to understand the livelihood opportunities for young people living with HIV (YLH) in institutional care, their promotional prospects, and the way forward.

REVIEW OF LITERATURE

Young people living with HIV (YLH) face several challenges since birth, such as a difficult childhood characterised by frequent hospitalisations, low school attendance, a small stature, delayed puberty, intellectual impairment, and skin disfiguration (Gaitho et al., 2018; Mavhu et al., 2013; Musindo et al., 2018; Vreeman et al., 2015). Many have lost one or both parents to HIV/AIDS (Kidman and Angelewicz, 2016; Short and Goldberg, 2015). Psychosocial challenges include HIV status disclosure and potential stigma once disclosure occurs. These are closely accompanied by challenges faced in daily living, access and adherence to treatment, access to care and support, a healthy sexual and social identity, gaining independence, coping and living positively with HIV, their transition to adulthood, and clinic transitions (Folayan et al., 2014; Mbalinda et al., 2015; Nöstlinger et al., 2015).

Many schools in high HIV prevalence regions have insufficient policies and staff to support YLH. Njuguna et al. (2023) report that only half of the Kenyan schools surveyed had medication policies, and only a few had staff trained on HIV topics. In this environment, YLHs may feel unsupported and stigmatised, further hindering their educational progress. Several studies have shown that YLH often experiences discrimination from peers and school staff, leading to feelings of loneliness and low self-esteem (Kihumuro et al., 2021; Kimera et al., 2019; Toska et al., 2019). As a result of this stigma, YLHs are unlikely to disclose their status, making it difficult for schools to provide appropriate support.

It is difficult for young people with health issues to manage their health while attending school due to institutional barriers, such as inflexible schedules and lack of privacy (Wiggins et al., 2022). Flexible policies and private medication management spaces are essential to overcoming these barriers. Establishing peer educators clubs (PECs) in schools provides support and reduces stigma (Kimera et al., 2019). The psychological needs of YLH are addressed, and a supportive school environment is created that encourages treatment adherence and disclosure.

Providing livelihoods can be a means to provide financial security and access to financial services for YLH. However, young people have limited livelihood opportunities in India due to poor skills, education, and colossal competition (Mehrotra and Mehrotra, 2018). Gender inequality and rural-urban differences in access to job opportunities further increase marginalised populations' unemployment and livelihood struggles (Santha et al., 2019).

The existing literature highlights the medical, psychosocial, and educational challenges YLH faces, particularly in sub-Saharan Africa. However, few studies examine their livelihood opportunities within the Indian context, especially for those who live in institutions. Research on stigma, educational experiences, and adherence

challenges is currently underway. However, they do not examine how livelihood training, employment opportunities, and financial independence intersect with YLH lives in India. In addition, there is limited empirical evidence on how institutional support systems and post-school transition pathways can improve sustainable livelihood outcomes for this vulnerable population.

Therefore, it is imperative to examine the availability, accessibility, and impact of livelihood opportunities for young people living with HIV in institutional care settings in India, as well as their career aspirations, support systems, and systemic barriers.

Objectives

- To understand the various methods of promoting livelihood for young people living with HIV (YLH) in Institutional care and
- To identify the prospects and challenges in promoting livelihood for young people living with HIV (YLH) in Institutional care.

METHODS

The researcher conducted the study in an Institution providing care for young people living with HIV in Tamil Nadu, using the Case study method. Semi-structured in-depth interviews collected data from six inmates (age group 15 to 18 years) and their three caregivers (Superintendent, Welfare Officer, and Counsellor) using Purposive Sampling. The researcher explained the purpose of the study, their right to participate in / withdraw from the study, confidentiality of data and details of the institution, the willingness of the researcher to share the results and findings of the study with the respondents, and sought permission for using it for academic purposes. An Interview Guide (see Appendix), consisting of ten questions about the study's objectives, was prepared and given to the respondents who expressed their consent and were interviewed virtually. The interviews were then transcribed, coded, and analysed to generate themes and conclusions. Qualitative data were analysed using QDA Miner Lite v1.0, a free qualitative data analysis software.

CASE PROFILES

Case 1 Inmate

He came to the institution when he was studying at the 7th standard. His mother (+ve) expired, the father is a farmer, and the elder sister is married and settled. He is studying 12th standard (Agriculture, Computer Technology,

Table 1: Socio-demographic profile of the respondents

Age	Father	Mother	Siblings	Duration of Stay
17	Farmer	Expired, HIV+ve	Sister-1	5
16	Nil	Nil	Nil	2
15	Expired	Tailor, HIV+ve	Sister-1	2
16	Expired	HIV+ve	Sisters-2, Brothers-2	2
16	Farmer, HIV+ve	Expired	Nil	5
17	Nil	Nil	Nil	6 months

Biology, Tamil and English) in a Government School. The institution arranged a van for his transportation to school. Tuition classes are available for all subjects, and doubts will be cleared by their caretakers, such as the superintendent, welfare officer, and counsellor. The institution provides notebooks, bags, pens, and pencils; the school freely issues textbooks.

He has online classes from school through the Zoom platform from 10 am to 11 am during weekdays. There will be assignments and self-study from 11 am to 12 pm and 6.30 pm to 8 pm. Recreational activities and games are from 4.30 pm to 6 pm, and watching TV after dinner.

The institution's career guidance classes benefited the respondent in selecting courses and learning about higher education opportunities. The respondent will hide HIV-positive status, as well as about taking medications. He doesn't want to reveal it, as others may not treat him as an adult. He thinks that he cannot work just like others because of his health condition. He needs assistance from the institution regarding health, medicines, medical check-ups, moral support, counselling and encouragement.

Moreover, he needs financial support for higher education and starting a business. His family, consisting of his father and two elder sisters, could provide him with the necessary support in the future. He expects help from the government regarding any job vacancy or subsidy.

Case 2 Inmate

He was institutionalised when he was 4 years old when his mother dropped him and never came back. He came to this institution two years ago. He is studying 11th standard (Agriculture, Computer Technology, Biology, Tamil and English) in a Government School. The institution arranged a van for his transportation to school. Tuition classes are available for all subjects, and doubts will be cleared by their caretakers, such as the superintendent, welfare officer, and counsellor. The institution provides them with notebooks, bags, pens and pencils. The school freely provides textbooks. He feels that the career guidance classes benefited group choice regarding higher education. He is interested in having training in organic farming and technology. He is an orphan, hence no family support after Institutional Care.

He thinks that his weak health condition may affect his future job. As he is taking medicines, he believes that others may criticise him. He feels that "Who will help me?" He fears death and sickness and becomes very sad when he sees anyone sick; his body temperature rises and returns to normal after encouragement or counselling services. He usually needs an environment change, so going to a park, garden, or church for a silent prayer or relaxation time. He can manage himself by prayer and family & friends' support. He needs financial help for his higher education and employment. He would like to do organic farming and start a shop to sell them; hence, they need a loan to begin a business.

Case 3 Inmate

He is studying 10th standard in a Govt Higher Secondary School. He was admitted to an institution when he was studying in 1st standard, stayed in three different institutions,

staying at the present institution for the last two years. His family consists of his mother (widow), who does some tailoring work, and his elder sister. His mother is HIV-positive and takes medicines. He would like to become a Software Engineer. He needs financial help for his higher studies and the necessary support for his marriage. He expects recommendations for any job from the institution. He is unsure about his physical health as he is taking medicines and may have immunity problems. Now, he feels physically healthy and confident that he can care for himself with his mother's help. He is ready to receive any benefit from the government and other organisations.

Case 4 Inmate

He was admitted to an institution while studying in 3rd standard, where he stayed for 7 years. Then he came to the present institution two years ago. He is now studying 11th standard (Agriculture, Computer Technology, Biology, Tamil and English) in a Government School. His family consists of his mother, two elder sisters and two elder brothers. His father expired 16 years ago, and his mother is HIV positive, hence taking medicine. His two elder sisters and one elder brother got married and settled. Another brother was with him at the earlier institution, now studying in a college and living with their mother. He wishes to become a software engineer. He needs financial support from the institution to buy a computer and a bike for his higher education. He doesn't want to marry because of his HIV-positive status. He thinks he can manage his future life by himself with the help of his mother and father's younger brother; he doesn't expect anything from his siblings when he gets employed. He is ready to receive any support from the government and needs a recommendation for a job by the institution.

Case 5 Inmate

He is studying 11th standard (Agriculture, Computer Technology, Biology, Tamil and English) in a Government School. His mother expired when he was in 5th standard. He has a father (HIV positive) and grandparents as his family members. He came to the institution five years ago with his elder brother, who had expired two years before. He reads, likes to know more about the Bible, and prays daily. He doesn't want to go for higher studies, even though he is average academically. After completing the 12th standard, he wants to go home and help his father and grandparents' farm. They have agricultural land where they cultivate rice and groundnuts. He is interested in agriculture and has become active in vegetable cultivation activities. He feels tired after engaging in farming activities, hence taking some rest. The domestic vegetable garden's caretaker imparts general information and exposure to vegetable cultivation. He is also interested in electrical work and keenly observes those who do it. He is confident of taking care of himself after institutional care.

Case 6 Inmate

When he was 3 years old, he was abandoned at Chennai Central Railway Station. The Railway Protection Force (RPF) informed Childline authorities and then taken over to an orphanage. As the medical examination examined his HIV-positive status, they shifted him to another institution that

provides care for HIV-infected children. He had some problems with other inmates, and the Child Welfare Committee moved him to this institution. He is not interested in school and studying as he doesn't like blackboards, classrooms and teachers. He becomes angry when asked about his studies. He wants to become an Automobile Mechanic, do some mechanic work and earn money. He studied till the Ninth standard and is now 17 years old. He plans to get some training from any authorised automobile service centre.

Case 7 Superintendent

He has worked as the superintendent for three years and stayed in the institution with his family. The institution's various educational services include computer education, vocational courses, and short-term technical courses. Career guidance professionals instructed the inmates to enjoy school days and complete 12th standard, then go for further studies. The inmates are interested in studying Hotel Management, DTP & Multimedia Courses. The institutional heads are informed of their HIV status while sent outside for any educational purpose. One of the inmates got photography training and is now working as a photographer (part-time), also studying a Visual Communication course. Once, a magician came to the institution and trained the inmates. One of the boys got interested, practised and performed during the Christmas celebration. He is now earning money by conducting magic shows.

The respondent thinks that educational services are adequate for them. He affirms that the committee is ready to support their higher education, i.e., financial aid, transportation facilities and other basic needs. The institution initiates no livelihood projects or schemes.

As a part of after-care institutional services, **e**ducational support is available for those pursuing higher studies. The institution will pay nearly fifty thousand rupees directly to the college authorities, including course fees, hostel fees, and mess fees. The institution invites them to special occasions like Christmas and Pongal and assists them.

There are some challenges that they may face during their employment. They are (i) the stigma of society towards HIV, especially the fear of being infected. People don't like those living with HIV to do work related to the hotel industry, mechanical work and driving autorickshaws, (ii) individual health issues, i.e., opportunistic infection, skin infections, TB, and tiredness. High viral load causes skin infections, which are difficult to cure completely, and (iii) Fear of death, i.e., psychological fear. They think that "I may die anytime". To enable them to face these challenges, they need love and counselling. They could believe they can live like others, with proper medication, nutritious food, exercise, yoga and meditation. Moreover, they can marry and have non-infected children, i.e., enjoy a happy married life.

Government plays a vital role in providing care for those living with HIV. They provide free medicines, free bus passes for going twice to the hospital for medical check-ups and free institutional care for AIDS patients. The HIV Positive network functions in every district and provides training and provisions. The government must focus more

on prevention strategies as the incidence rate is not decreasing and give necessary support to NGOs. The relatives or family members don't take away the dead bodies of those who die of HIV/AIDS and do burial services.

Case 8 Counsellor

She is the full-time residential counsellor providing counselling services and necessary guidance for the inmates. Her husband is the superintendent, who oversees the institution's daily activities. The institution has provided family accommodation for them. She has been working in the institution for the last three years. She has earlier experience in an HIV prevention program (4 years) and a child care program in an orphanage (6 years)

According to her, the various educational services and assistance provided by the institution include (a) Career guidance classes, by Professionals from a Career Guidance Centre, regarding higher education and course selection, (b) environment classes on Thursdays, (c) Special classes for Art, English and Mathematics from resource persons from outside on Saturdays, (d) Motivational and moral lessons by the Committee members of the institution, and (e) Counselling services by a full-time residential counsellor and a welfare officer. The institution also helps them improve their Tamil Reading & writing capacity, learn the basics of computers, improve spoken English, and develop communication skills.

She feels that young people face various physical and psychological problems, challenging their future employment opportunities. They are concerned about their physical appearance and health condition. (How will they look in the future? How could they work hard and be active in daily activities?) They are prone to skin diseases; dry skin is mainly due to irregular medicine intake and nutritious food. After travelling long, they tire and must rest for long hours, even throughout the day. Moreover, they have a slow recovery from opportunistic infections. They don't know how to manage these problems (What can I do?)

They have regular blood tests and check viral load and CD4 count. If they have a high viral load, necessary counselling, medicines and more nutritious food, namely milk, non-veg and fruits, are given to them.

During the COVID pandemic, a girl in a rented room approached the institution for help. She lost her job, making it difficult to pay her rent and meet her basic needs. The institution gave her some money, food and grocery items. After a few months, she got a new job and managed her daily needs. The institution provided one of the ex-inmates studying for a BA with a smartphone to attend online classes. He was also given some money for his basic needs, like food, as he belonged to a low-income family.

After institutional care, the children visit the institution once every year, usually during Christmas. They share their experiences and problems. The institution provides them with the necessary help and counselling. They approach the institution apart from the yearly visit whenever they are needed.

The institution expects every child to remain healthy, manage their livelihood, live independently and support their family. After

institutional care, i.e., when children are 18 years of age, they must leave the institution. They return to their home, those who have their family. Child Welfare Committee takes over orphans and provides free housing, food and vocational training. The institution committee suggested that those interested can work as caregivers with food, accommodation, and salary. As the government supports polio-affected people, some job reservations or livelihood support need to be available for young people living with HIV. They can be recruited in ART centres or as a part of HIV prevention/ awareness programs as counsellors, facilitators, and volunteers.

Case 9 Child Welfare Officer

She has been the Child welfare officer responsible for counselling and taking care of children's food, health, education and problems. The institution offers higher education opportunities for the children; we help them choose the colleges and subjects, their education fees, and smartphones for online classes. The children are ready for higher studies without wasting their time and careers. They are happy with the institution's initiatives and use them wisely. Health issues are most challenging for them regarding their future employment. We help them get work that cannot affect their health; physical labour will endanger their health, sometimes without proper medicine and food. Hotel management work is challenging because they must stand and work long hours without adequate food and medicine. Governmental/non-governmental organisations can provide them with various employment opportunities. We expect them to lead a happy and peaceful life, and they should be an inspiration for other children.

RESULTS

The thematic analysis of the respondents' case studies yielded five themes, as given in Table 2. Figure 1 represents the frequency distribution of the codes, and Figure 2 shows the Word Cloud. The themes are summarised as follows:

Expectations

The respondent's expectations from the institution include (i) financial support for Higher education, study Hotel Management, DTP & Multimedia Courses, (ii) training in organic farming or automobile mechanic work, (iii) loan to begin a shop to sell organic agricultural products, buy a computer and a bike, starting a business, (iv) necessary support for marriage, (v) recommendation for any job (vi) assistance regarding health, medicines, medical check-ups, moral support, counselling and encouragement.

One of the respondents doesn't expect anything from his siblings when he gets employed, while others expect necessary support from his family in the future. Most of them expect help from the government regarding any job vacancy or subsidy. The institution expects every child to remain healthy, manage their livelihood, live independently, and support their family.

"We expect them to lead a happy and peaceful life, and they should inspire other children". (Primary Source, 2020)

Table 2: Code and Themes

Themes	Codes	Count (%)
Expectations	Expectation from institution	12.6%
	Expectation from family	2.3%
	Expectation from Govt	3.4%
	Expected outcome from inmates	2.3%
Institutional Care	Educational support	5.7%
	Educational activities	2.3%
	Vocational Activities	3.4%
	Feedback	4.6%
After 18 Care	Educational aid	2.3%
	Vocational Rehabilitation	1.1%
	Basic necessities	2.3%
	Follow-up meetings	2.3%
Challenges and Prospects	Challenges	17.2%
	COVID 19	1.1%
	Management	9.2%
Role of Stakeholders	Govt services	2.3%
	NGOs Services	1.1%
	Expectation	3.4%

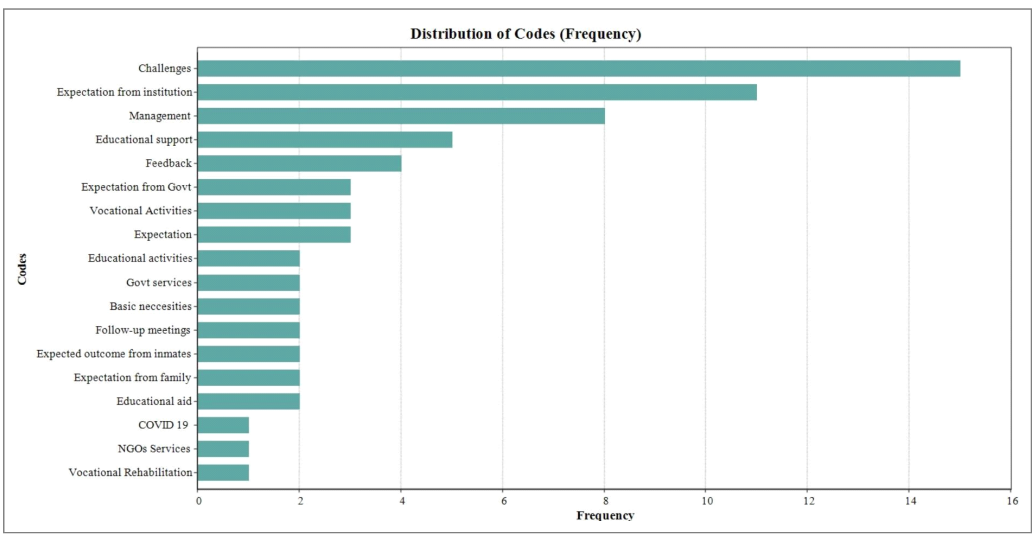


Figure 1: Frequency distribution of the codes

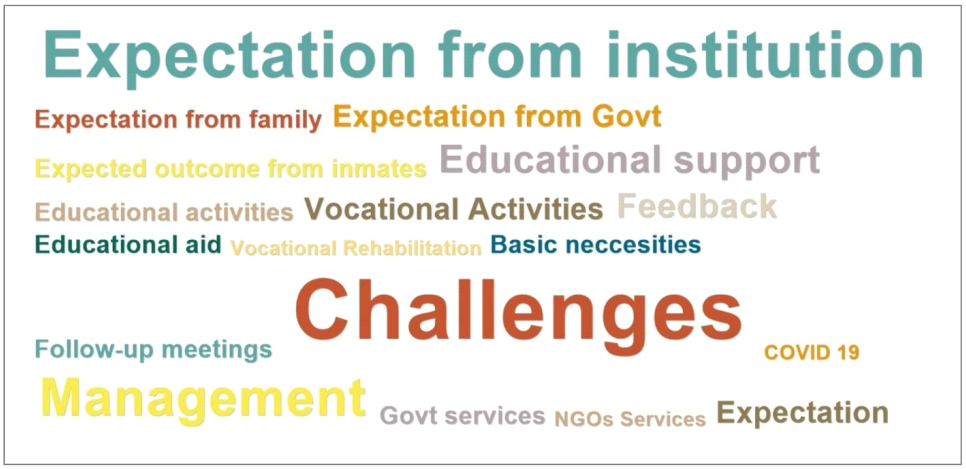


Figure 2: Word Cloud

Institutional Care

The institution's various educational services include (a) career guidance classes, by professionals from a career guidance centre, regarding higher education and course selection, (b) environment classes on Thursdays, (c) special classes for Art, English and Mathematics from resource persons from outside on Saturdays, (d) motivational and moral lessons by the committee members of the institution, (e) vocational courses, (f) short-term technical courses, and (g) counselling services by a full-time residential counsellor and a welfare officer. The institution provides higher education opportunities for children, guidance for selecting subjects and colleges, education fees, and online classes on smartphones. The institution also helps them improve their Tamil Reading & writing capacity, learn the basics of computers, improve spoken English, and develop communication skills.

The institution arranged a van for their transportation to school. Tuition classes are available for all subjects, and doubts will be cleared by their caretakers, such as the superintendent, welfare officer, and counsellor. The institution provides notebooks, bags, pens, and pencils; the school freely issues textbooks.

The institution is ready to support their higher education, i.e., financial aid, transportation facilities and other basic needs. They have online classes from school through the Zoom platform from 10 am to 11 am during weekdays, assignments and self-study from 11 am to 12 pm and 6.30 pm to 8 pm, recreational activities and games from 4.30 pm to 6 pm, and they can watch TV after dinner.

The institution initiates no livelihood projects or schemes. But they provide vocational training in photography, visual communication and multimedia courses. The domestic vegetable garden's caretaker imparts general information and vegetable cultivation exposure. The Institutional heads are informed of their HIV status while sent outside for any educational purpose.

"One of the boys got photography training and is now working as a photographer (part-time), also studying a Visual Communication course. Once, a magician came to the institution and trained the inmates. One of the boys got interested, practised and performed during the Christmas celebration. He is now earning money by conducting magic shows". (Primary Source, 2020)

The institution's career guidance classes were beneficial for selecting courses and knowing about higher education opportunities. The respondent thinks that the institution's educational services are adequate for them. A key informant opines that:

"The children are ready for their higher studies without wasting their time and career. They are happy with the Institution's initiatives and use them wisely". (Primary Source, 2020)

After-18 Care

As a part of After-18 care, educational support is available for those pursuing higher studies. The institution will pay nearly fifty thousand rupees directly to the college authorities, including course fees, hostel fees, and mess fees. The institution provided one of the ex-inmates studying for a BA with a smartphone to attend online classes. The Institution committee suggested that those interested can work as caregivers with food, accommodation, and salary. The institution provides financial help for necessities like food and grocery shopping for those who belong to low-income family backgrounds. The institution invites them to special occasions like Christmas and Pongal and provides them with necessary assistance.

"After institutional care, the children visit the institution once yearly, usually during Christmas. They share their experiences and problems. We provide them with the necessary help and counselling. Whenever they are needed, they approach us apart from the yearly visit". (Primary Source, 2020)

Challenges and Prospects

The respondents expect the following challenges regarding their future employment and livelihood: (a) stigma of society towards HIV, especially the fear of being infected. People don't like those living with HIV to do work related to the hotel industry, mechanical work and driving autorickshaws, (b) individual health issues, i.e., opportunistic infection, skin infections, TB, and tiredness. Physical labour puts their health in danger, sometimes without proper medicine and food. They are also prone to skin diseases; dry skin is mainly due to irregular medicine intake and nutritious food. They get tired and need rest after travelling, even throughout the day for long journeys. They feel tired after engaging in farming activities.

"Physical labour will endanger their health, sometimes without proper medicine and food. Hotel management work is challenging because they have to stand and work long hours without adequate food and medicine". (Primary Source, 2020)

(c) concerned about their physical appearance and health condition. They must undergo regular blood tests and check viral load and CD4 count as immunity problems.

"How will they look in the future? How could they work hard and be active in daily activities"? (Primary Source, 2020)

(d) Not interested in studying - one of the inmates is not interested in going to school and learning as he doesn't like blackboards, classrooms, and teachers. He becomes angry when asked about his studies. (e) prefer to hide HIV-positive status, as well as about taking medications. One respondent doesn't want to reveal it, as others may not treat him as an adult. (f) fear of death, i.e., psychological fear. Fear of death grabs them almost all the time. They think that "*I may die anytime*". (g) During the COVID pandemic, a girl in a rented room approached the institution for help. She lost her job, making paying her rent and meeting her basic needs difficult. The institution gave her some money, food and grocery items. After a few months, she got a new job and managed her daily needs. (h) The institution expressed its concern about the current COVID-19 pandemic, which prevents them from providing necessary training and employment opportunities for Youth living with HIV and obtaining desirable forms of social support.

Management of Challenges

To enable them to face these challenges, they need love and counselling. If they have a high viral load, necessary counselling, medicines, and more nutritious food, namely milk, non-vegetarian food, and fruits, are given. The inmates are confident in taking care of themselves after Institutional care through prayer, rest, and their family members' help.

"They could believe they can live like others, with proper medication, nutritious food, exercise, yoga and meditation. Moreover, they can marry and have non-infected children, i.e., enjoy a happy married life. We help them get the work that cannot affect their health". (Primary Source, 2020)

Role of Stakeholders

Government plays a vital role in providing care for those living with HIV. They provide free medicines, free bus passes for going twice to the hospital for medical check-ups, and free Institutional care for AIDS patients. Child Welfare Committee takes over orphans and provides free housing, food and vocational training. The HIV Positive network functions in every district and provides training and provisions.

The government must focus more on prevention strategies as the incidence rate is not decreasing and give necessary support to NGOs. The relatives or family members don't take away the dead bodies of those who die of HIV/AIDS and do burial services. Governmental/non-governmental organisations can provide them with various employment opportunities.

"As the Government supports polio-affected people, some job reservations or livelihood support need to be made available for young people infected with HIV/AIDS. They can be recruited in ART centres or as a part of HIV prevention/awareness programs, like counsellors, facilitators and volunteers". (Primary Source, 2020)

CONCEPTUAL FRAMEWORK

The promotion of livelihood opportunities for Youth living with HIV in Institutional Care includes (a) Institutional Care for those young people till the age of 18 years, (b) After-18 Care for those who leave the institution after 18 years of age, and (c)

Role of Stakeholders including Government and other non-governmental organisations. This process can be accomplished by addressing (i) expectations from the institution, family, and various stakeholders, (ii) their future employment challenges, and (iii) how to manage them.

MAJOR FINDINGS

- The respondents are satisfied with the institution's educational services.
- The institution initiates no livelihood projects or schemes for the inmates.
- The respondents expect assistance from the institution regarding financial support for higher education, health, medicines, medical check-ups, moral support, counselling and encouragement.
- The institution provides various educational services like career guidance classes, vocational courses, short-term technical courses, environment classes, arts & crafts classes, motivational & moral lessons, and counselling services.
- As a part of After-18 care, the institution offers higher education support, vocational rehabilitation, financial help for necessities and counselling.
- Various challenges expected regarding future employment are social stigma and discrimination, individual health issues like opportunistic infection, skin infections, TB, tiredness, immunity problems, physical appearance, fear of death and the COVID-19 pandemic.
- The young people living with HIV could be enabled to live like others, with proper medication, nutritious food, exercise, yoga and meditation; take care of themselves after Institutional care with the

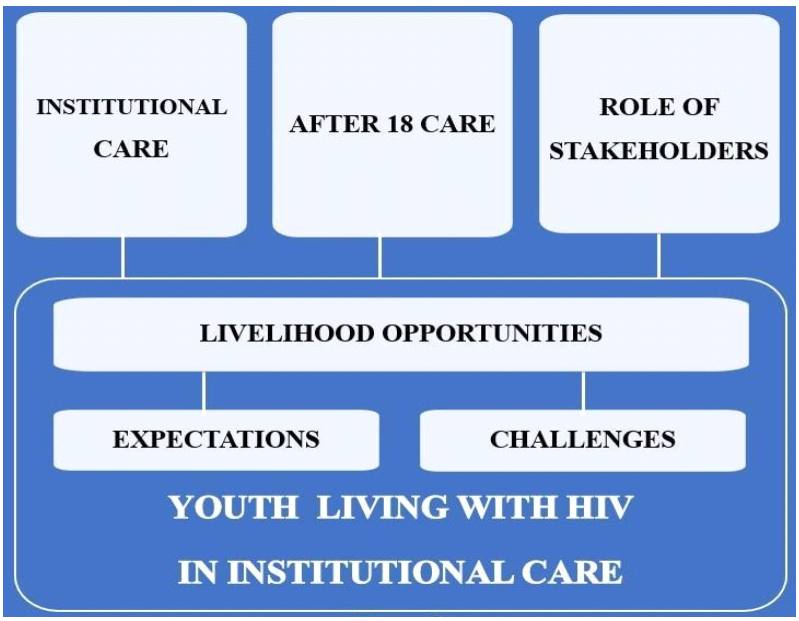


Figure 3: Conceptual Framework of the study

help of their family members by providing love and counselling.

- The Government provides adequate care for young people living with HIV by employing free medicines, bus passes and Institutional care. Governmental / non-governmental organisations can offer job reservations or livelihood support for various employment opportunities.
- The COVID-19 pandemic limits them from providing necessary training and employment opportunities for Youth living with HIV and obtaining desirable forms of social support.

DISCUSSION

Unemployment has become a critical concern among many young people during the COVID-19 pandemic. One of the key informants shared the experience of a girl who lost her job. The institution assisted her with her basic needs and rent. According to Emirie et al. (2020), an 18-year-old female living with HIV in Bahir Dar, Ethiopia, sought employment during the pandemic but was unsuccessful due to rising unemployment. Multiple young people explained that they were either considering resigning from their employment or had already done so due to inadequate protective measures in their workplaces. However, they cannot continue without alternative livelihood options and a social safety net shortage. A key informant from Fiker Behiwot Children and Youth Development Association in Ethiopia (FBCYDA – Ethiopian NGO working with HIV orphans) emphasised: "*In Hawassa, there are about 4,000 HIV orphan youths who are born and living with HIV. COVID has weakened its vulnerable economic condition. Some of our youth members were engaged in income-generating activities before the outbreak of COVID. They become idle since they cannot engage in their previous activities because of the pandemic".*

Emirie et al. (2020) also stated that the closure of schools and universities was an additional source of stress for young people attending education before the pandemic. Many respondents noted their stress and sadness that they would *lag a year behind*. In this study, the institution expressed its concern about the current COVID-19 pandemic, which prevents them from providing necessary training and employment opportunities for Youth living with HIV and obtaining desirable forms of social support.

Similar to a finding of this study, Vranda and Mothi (2013) stated that HIV infection causes progressive immunosuppression due to HIV-mediated depletion of CD4+ lymphocytes, leaving patients at risk of developing opportunistic infections and other HIV-related disorders. Thus, it is vital to provide periodic medical check-ups and ARV treatment. The increased access to antiretroviral treatment resulted in increased survival rates among children living with HIV and improved quality of life (Thomas & Sultana, 2021a). Maintaining their health is essential to providing adequate medical assistance, highly protein-rich food, enriching life skills, etc.

Young people living with HIV could be enabled to live like others, with proper medication, nutritious food, exercise, yoga and meditation, and take care of themselves

after Institutional care with the help of their family members. Owens (2020) also opined that various institutions offer a holistic approach, i.e., comprehensive medical, nutritional, life-skills, psychological, educational, and spiritual care. Children are prepared for transitioning back into society by identifying family members and encouraging extended family visits during the holidays. They learn skills, are educated, and receive life skills training to support themselves after leaving institutional care.

Zinyemba et al. (2020) suggest that every institution should ensure that the children receive triple therapy, which gives them an almost normal immune system. Regular physical exercise – including yoga and martial arts – and a balanced diet (supplemented with appropriate additives) enable them to maintain good health. Along with the school's teaching, each child can participate in various extracurricular activities to develop their aptitudes and capabilities, like painting, drawing, dance, yoga, sports, and more (Thomas and Sultana, 2021b).

The Key informants appreciate the government's effort to provide free medicines, bus passes, and institutional care for those living with HIV. The World Health Organization (WHO) has welcomed India's announcement to launch a "Test and Treat Policy for HIV". WHO announced this global policy in September 2015 and launched it on 28 April 2017 in India. When a person is tested and found to be positive, they receive ART, irrespective of their CD count or clinical stage. This policy applies to all men, women, adolescents and children who are HIV-positive. Moreover, it improves the longevity and quality of life for those infected and saves them from many opportunistic infections, especially tuberculosis (WHO HIV News and Events, 2017).

RECOMMENDATIONS

- The Government should ensure that every institution providing care for young people living with HIV should initiate some livelihood projects or schemes.
- Governmental/non-governmental organisations could provide employment opportunities, job reservations, or livelihood support for young people living with HIV. They could be recruited in ART centres or as a part of HIV prevention/awareness programs, such as counsellors, facilitators, and volunteers.
- Investing in economic empowerment programmes is critical to weather better financial shocks, such as the current COVID-19 pandemic, and avoid risky livelihood options, including sex work.
- Employers need to be provided with clear guidance on ensuring that Youth living with HIV can be effectively protected in the workplace.
- The government must focus more on prevention strategies as the incidence rate is not decreasing and give necessary support to NGOs.
- Necessary assistance is required regarding burial services of those who die of HIV/AIDS as their relatives or family members don't take away the dead bodies.

CONCLUSION

India is one of the world's youngest nations, with over 54% of the population

below 25 and over 62% of the working-age group (15-59 years). They must address the problems they experienced to shape our nation's future. This study brought out various services provided by the institution for livelihood promotion of Youth living with HIV & its effectiveness, After-18 care services, future employment challenges and ways to overcome those challenges. The institution expressed its concern about the current COVID-19 pandemic, which prevents them from providing necessary training and employment opportunities for Youth living with HIV and obtaining desirable forms of social support. Various governmental and non-governmental organisations could focus on employment opportunities for these young people by providing life skill development, vocational training, job reservation and financial support.

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APPENDIX

Interview Guide

1. What are the various educational facilities/services provided for young people by the institution?
2. How do you evaluate the effectiveness of these services? Are they adequate?
3. Has the institution initiated employment or livelihood schemes/projects for young people?
4. What are the responses of the young people regarding these initiatives?
5. Are there any After-institutional-care services (i.e., after completing 18 years of age) provided by the institution?
6. What are the various challenges you expect regarding their future employment?
7. How could you enable them to overcome those challenges?
8. Do you provide any help/assistance from the institution for them after Institutional care?
9. What do you expect from the government/non-governmental organisations regarding their future livelihood?
10. What do you expect from the young people after they leave the institution?