DEPARTMENT FOR COMMUNICATION AND COMMUNITY MOBILISATION
(NATIONAL AIDS STANDING BUREAU, MINISTRY OF HEALTH)

SAVE THE CHILDREN UK
(SC/UK)

REPORT ON THE RESEARCH ON

"SOCIO-ECONOMIC IMPACT OF HIV/AIDS EPIDEMIC ON CHILDREN IN VIETNAM "

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Report on the research on

"SOCIO-ECONOMIC IMPACT OF HIV/AIDS EPIDEMIC ON CHILDREN IN VIETNAM"

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FOREWORD

The focus of all Save the Children UK's work in Vietnam is on promoting the rights of children who are negatively affected by, or not benefiting equally from, a country undergoing rapid social and economic change. The spread of HIV/AIDS is part of this change, and SCUK's goal in Vietnam is to ensure that all children are protected from HIV infection and provided with adequate care and support to minimise the negative impact of HIV/AIDS on their lives.

HIV/AIDS is a children's issue. In Vietnam, as elsewhere, the highest incidence of HIV infection occurs in the 20 — 30 age group, as well as the fastest growing rate of increase. Mother to child transmission is also increasing. And by the end of 2002, more than 10% of reported cases of HIV infection were under 19.

This particular study therefore seeks to contribute to a greater understanding of how the HIV/AIDS epidemic impacts on children. The conceptual framework is based on the Convention on the Rights of the Child, signed and ratified by Vietnam and almost all other countries in the world. Impact on children is assessed in terms of their right to survival, development and protection; the right of all children to equity, inclusion and non-discrimination; and the right to participation in decision-making regarding matters that affect them. It is hoped that this rights-based framework helps not only to identify which rights are not being fulfilled but also who is responsible for ensuring these rights are realised in the future.

The study concludes that there is no reason to be complacent. HIV/AIDS is already having a serious impact on children, on those who are infected and also on those who are not infected but have some kind of relationship or association with someone (often in the family) who has HIV/AIDS or has died of AIDS. Considering the epidemiological trends and evidence of this study, it is urgent that more is done to mitigate the impact of HIV/AIDS on children.

Bill Tod

Programme Director

Save the Children UK in Vietnam

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The research would have been impossible without the great support from the National Aids Standing Bureau from the Ministry of Health, the Save the Children UK offices, the Provincial Aids Standing Bureau, and many groups and individuals that the research team met during the field research.

We are especially grateful to Professor Chung A and Mr. Bill Tod (Save the Children UK, programme director) and other colleagues who have provided us with very constructive and useful comments to the research plan and report.

Th e research team hopes that the research results will be useful for programming work at various levels, especially for finding solutions to fulfill all children's rights at the time of HIV/AIDS. We also hope these results will be useful for the HIV/AIDS prevention and care work in Vietnam in general.

The research team is aware that the socio-economic impact of HIV/AIDS is a huge issue and that this research has several limitations. There sre therefore probably many draw-backs in this analysis of this research. We would be very grateful to your comments in order to improve this research as well as that to come in the future.

Thank you all very much!

The research team

ABBREVIATIONS

Affected children	Children who live in families with PLWA
CPFC	Committee for Population, Family and Children
CRC	UN Convention on the Rights of the Child
Infected children	Children who are infected with HIV/AIDS
MOET	Ministry of Education and Training
MOH	Ministry of Health
MOLISA	Ministry of Labour, Invalids and Social Affairs
PLWA	People living with HIV/AIDS
Street children	Children who work and/or live on streets

TABLE OF CONTENTS

FOREWORD 1

Acknowledgements 2

Abbreviations 3

Executive summary 6

Part 1:Introduction and general information 10

I. Background 10

II. Research purpose 11

III. Research targets/subjects 11

IV. Research locations 12

V.Research methodology 12

1. Quantitative research methods 12
2. Qualitative research methods 13
3. Participatory exercises/tools 14
4. Difficulties met during data collection 14

VI. Background to the research topic 15

1. The UN convention on the rights of the child 15
2. Situation of HIV/AIDS infection among children 18
3. Street children 19
4. National Forum : Children speak out on HIV/AIDS 20

Part II:Research results and Discussion 21

I. General information about the 3 children's groups involved in the research 21

1. Ratio of each group among the total research samples 21
2. Age of the researched children 22
3. Gender of the researched children 22
4. Religion 23

II. Impact of HIV/AIDS on the principle of the best interest of the child 24

1. Family size of the 3 groups of children involved in the research 24
2. The HIV/AIDS epidemic disturbed the children’s family structure 25
3. HIV/AIDS has pushed many children away from their parents 27
4. HIV/AIDS has worsened many family’s economy's 29

III. Impact of HIV/AIDS on the children's right to be protected from discrimination ____ 34

1. Different forms of discrimination learnt through the research ____ 34

2. Impact of stigma and discrimination on the researched children groups ____ 37

IV. Impact of HIV/AIDS on the children's right to survival and development ____ 42

1. HIV/AIDS's impact on the children's mental development ____ 43

2. HIV/AIDS has a strong impact on the children's right to education ____ 46

3. HIV/AIDS has had an impact on the children's right to protection. ____ 50

4. HIV/AIDS has had an impact on the children's right to health care ____ 55

V. HIV/AIDS's impact on children's right to participation ____ 59

1.Information channels on HIV/AIIDS according to the 3 researched groups of children ____ 59

2. Level of the children's perception of HIV/AIDS ____ 60

VI. Children's concerns and wishes ____ 62

Part III: Conclusion and recommendations ____ 66

I. Conclusion ____ 66

1. The research shows that HIV/AIDS epidemic has impacted on the groups of researched children on different issues and at various levels ____ 66

II. Recommendations ____ 68

1. To the Government ____ 68

2. To the National Committee for AIDS, drugs and Prostitution Control (National Committee), Ministry of Health and the local AIDS control agencies. ____ 69

3. To the International Save the Children Alliance in Vietnam ____ 70

EXECUTIVE SUMMARY

Results and findings from this research were analysed and categorised according to the 4 principles of the child rights programming approach. These 4 principles include: ***best interests of the child, non-discrimination, survival and development, and participation***.

HIV/AIDS HAS HAD A NEGATIVE IMPACT ON THE PRINCIPLE: THE BEST INTERESTS OF THE CHILD

1. *Most of the children involved in the research (57,8% among HIV infected children; 50,8% among affected children; 61,3% among street children) are from families with more than 5 members.* According to the general poverty trend in Vietnam, these children have less chance to have their best interests fulfilled compared to children from families with less children.

2. *HIV/AIDS has disturbed the family continuity and structure.* Many children have lost both of their parents to AIDS, and they live with grandparents. 15.6% (38/244) of the affected children have divorced parents; 5.6% of them have separated parents; 3.6% of children have parents died sand 3.3% of children have one parent died.

3. *HIV/AIDS has resulted in many children losing their right to live with their parents.* Many have been living apart from their parents. Just about 1/3 of children among all 3 researched groups are presently living with both parents.

4. *HIV/AIDS has worsened the family economy.* About 1/2 (49.5%) of the affected children are living in poverty (MOLISA poverty line), with 2.1 % living in extreme poverty and only 1.4% of them having a better off family. In addition, 47.6% of the children from all 3 researched groups reported that their family economy has worsened since having a family member infected with HIV/AIDS. Within this group, 21.5% reported that the family economy has severely deteriorated compared to prior HIV/AIDS infection of a family member.

ALTHOUGH DISCRIMINATION AGAINST CHILDREN IN RELATION TO HIV/AIDS HAS REDUCED RECENTLY, IT IS STILL A COMMON PHENOMENON AND THUS NEGATIVELY AFFECTS MANY OF THE RIGHTS OF THE CHILD.

5. *HIV/AIDS has led to a large number of infants being suspected of HIV infection or being abandoned because their mothers were HIV positive*. This shows that the children are discriminated against right from birth. They are refused their right to

be cared for, and thus can not enjoy similar opportunities for survival and development as other children.

6. *Those children who suffer from the direct impact of HIV/AIDS (infected children, affected children), are often isolated and discriminated against. However, this phenomenon is gradually decreasing*. One child with an infected father said: “In the beginning, people tried to keep away from me, but then they saw my father was still healthy and they started to treat me as normal”.

Isolation and discrimination in relation to HIV/AIDS have led to a reduction in income of many families with an infected member. This, plus the fact that many families want to hide the infected status of their children, (thus increasing the anxiety of their children), in turn limits their access to basic services such as education and health care.

The field research confirmed that it is not only the infected children who suffer from discrimination but also those who take care of them[1]). This reality discourages the community’s willingness to care for those children infected with HIV/AIDS.

HIV/AIDS’ IMPACT ON THE RIGHT TO SURVIVAL AND DEVELOPMENT OF THE CHILD

7. *HIV/AIDS has a negative impact on the mental development of children, especially for older children.* Among the infected children interviewed, 31.3% of them felt lonely, isolated and did not want to make contact with others; 28.1% felt ashamed and wanted to avoid other people; and 28.1% felt hopeless and desperate. The rates among those children who are affected by HIV/AIDS (living in families with PLWA) are respectively at 8.2%; 11.8% and 1.6%.

8. *HIV/AIDS reduces the opportunities to access education for these children.* 81.3% (52/64) of infected children and 39.0% (119/305) of affected children have stopped schooling. Among these school dropouts, 62% said it was because their families were too poor to afford school, 30% said they themselves felt discouraged to go to school and 3% stopped schooling because they experienced discrimination from their friends.

HIV/AIDS HAS AN IMPACT ON CHILDREN’S RIGHT TO PROTECTION

9. *HIV has contributed to the pushing of many of the children, although they have not yet reached labour – age, to work or to become street children and to face sexual and labour exploitation.* …More than half of the infected children (57.8%) and 42% among HIV affected children are working to support their family's income. Among

[1] Also confirmed by an earlier qualitative research by SCUK in HCMC : Situation analysis on children who are infected and affected by HIV/AIDS in HCMC”, October 2001.

those working children, the highest proportion (29.6%) includes those who work as hired labour (a kind of exploitative form of labour), the second and third highest proportions include shoe-shining (working on streets without protection), accounting for 21 %; and selling lottery tickets on streets (16.5%). In relation to the children's age, especially for those who are affected by HIV/AIDS participating in the research (99,38% aged from 10-18 years), this shows that the children have to work at an early age. *One notable point here is that 6.4% (17/267) of children who participated in the research said that they are involved in "prostitution",* of which are 29,7% (11/37) infected children and 5,9% (6/102) street children

From the above, it shows that most of the surveyed children who need to work, are working on the streets. They also involved in work that may put them at a higher risk of HIV infection such as selling sex or of being abused, exploited or prone to illness, such as hired laborer, street vendors or scavengers...*This means that their right to protection can hardly be fulfilled.*

10. *The impact of HIV/AIDS limits children's right to heath care.* The research shows that 47.5% of the infected children and 17% of the affected children claimed that they had had illness in the previous month, and among them 18.3% received no treatment; 52.7% self bought medicine to take; and only around 10% went to the health service provider (mostly to the commune/ward health station). The main reasons for not seeking health service are lack of money and the fear that their status will be revealed which may lead to stigma and discrimination.

HIV/AIDS'S IMPACT ON CHILDREN'S RIGHT TO PARTICIPATION

11. *The research shows that HIV/AIDS seems to have a positive impact on the 'pro-activeness" of the children to access information about HIV/AIDS.* 65.6% of the infected children and 58.4% of the affected children answered correctly the 3 routes of HIV transmission, which displays a considerably higher knowledge than the street children involved in the research (41.5%).

12. *Most of the children said that they learned about HIV/AIDS from the mass media:* 62.0% mentioned television; 52.5% mentioned publications and leaflets; and 30.9% mentioned radio. The number of children who selected the information channel from teachers was 30.9% and from social workers, only 15.8%.

13. As mentioned above, due to the fact that children have to work to earn money, because of psychological turbulence and poverty, *It seems very difficult for the researched children to be able to take part in social activities, or in recreational or*

entertainment activities that are suitable to their age. *This means the children have lost their right to be involved in matters that concern them.*

SOME OTHER FINDINGS

- Among the children involved in this research (482 children in total) 17 children are involved in prostitution/selling sex, of which 11 of these children are infected with HIV/AIDS (all females); and 6 children who belong to the street children category (1 boy and 5 girls). This poses a high risk for them to be infected themselves, and also for them to infect other people.
- The research also found a small number of infected children, affected children and street children who are involving in illegal jobs such as robbery or working as prostitute brokers.
- Many HIV infected children who contracted HIV from drug injection still continue to use drugs, and to practice unsafe behaviors which lead to HIV/AIDS infection or transmission of HIV.
- In the interviews and group discussions, street children said they often have to move their 'working locations'. The mobility among these children is very high, which makes the management of street children in urban areas much more difficult. Meanwhile, it is very important for children, especially infected children to be well-managed and receive proper care and counseling.

PART 1: INTRODUCTION AND GENERAL INFORMATION

I. BACKGROUND

The HIV/AIDS epidemic has had an increasing impact on many aspects of the global, social and economic situation. The number people infected with HIV/AIDS is on the increase everyday all over the world. On average in 2002, there were 14,000 new cases of HIV/AIDS infection each day. Of these cases 7,000 were women and 1,400 were children under 15 years of age. Accumulatively till December 2002, there were 8.7 million children under 15 years of age living with the virus, of which 5.5 million have died. About 80 % of infected children are from Africa.

In Vietnam, by the end of 2002, among the total number of 59,200 reported cases of HIV/AIDS infection, it is reported that 0.6 % were in children under 13 years of age. Those between the ages of 13 – 19 account for 9.7 % of the above figure. Among the under 13 age group, the number of under 5's being infected is increasing annually in accordance with the increase in infected cases among pregnant women. By the end of 2002, according to the report by the Ministry of Health (MOH) there were 328 cases of children under 5 years old who contracted HIV from their infected mothers. Many of the HIV infected infants were abandoned or put into orphanages. Meanwhile, in accordance with the increasing HIV/AIDS epidemic in Vietnam, the number of infected and affected children (such as: HIV infected children, children living in family with HIV/AIDS infected members; orphan children due to their parent's death of AIDS; infected children who are living in orphanages...) is also increasing.

Over the past few years, there have been several research studies on the situation of children who are infected by HIV. However, most of those studies were localised and were not conducted on a national scale. In addition, those studies did not cover the socio-economic aspects or impact of the epidemic on the children who were infected or affected by HIV/AIDS.

Save the Children UK, Vietnam Programme has collaborated with the department for communication and community mobilisation (under the National AIDS Standing Bureau of Ministry of Health) to carry out research on the socio-economic impact of the HIV/AIDS epidemic on children in Vietnam. Though this is not yet a very comprehensive or holistic piece of research, the research team believes that this research will contribute useful findings, especially on the impact of the epidemic in regard to the fulfillment's of children's rights in Vietnam.

II. RESEARCH PURPOSE

1. To understand and analyze the factors within HIV/AIDS that have an impact on children's lives in Vietnam at the present time.
2. To provide some recommendations and solutions in order to minimise the negative impact of the HIV/AIDS epidemic on children in Vietnam.

III. RESEARCH TARGETS/SUBJECTS

1. Research subjects as children

The main research targets are the two groups as follows :

- Those who are infected by HIV
- Those who are affected by HIV/AIDS: meaning those who have father, mother (or both) who has died of AIDS; those who are living in families with PLWA; and street children who live in an environment which is prone to HIV/AIDS infection.

Regarding the second group, the research focussed on two categories of children living in an environment vulnerable to HIV/AIDS; children living in families with HIV/AIDS, and street children

With regard to the age range of children in the research project:

According to the international convention on child rights: children are those under 18 unless national laws stipulates a younger age of maturity.

Vietnamese constitution also regulates that those from 18 years of age are entitled to cast a vote and fulfill their citizen rights and responsibilities. Citizens from 18 are seen to have reached maturity, to be able to perform social obligations, and are responsible under the law for their behavior.

In statistics of infected children worldwide, UNAIDS often considers children to be those people under the age of 15. However, in this research, as children infected by HIV/AIDS account for just a low rate (64/482 = 13,4% out of total research children), we keep the common age as other research children. i.e 18

In addition, to make it appropriate with the analysis of research results on child rights principles, we selected children of the age as stipulated in the international convention on child rights to do the research.

Therefore, out of the total research group, there are 3 cases of 19 year olds who have been infected with HIV since they were 17-18 years of age; on the other hand, the

sample of infected children is so small that we decided to put these cases under the category of infected children.

2. Research subjects as adults

- Those who are caring for or taking care of the children in their families.
- Those who are caring for, taking care of the children in health or social institutions …

IV. RESEARCH LOCATIONS

The research was carried out in 5 cities and provinces including Hanoi, Hai Phong, Da Nang, Ho Chi Minh City and Kien Giang.

These cities and provinces represent northern, central and southern regions of Vietnam. These are also the provinces with the highest prevalence of HIV/AIDS infection, according to figures reported in October 2002.

V. RESEARCH METHODOLOGY

The research used a combination of quantitative and qualitative research methods.

1. Quantitative research methods

Quantitative research methods were used primarily on the basis of questionnaires designed for adults and children. The questionnaires include demographic and social information about the target group. They also include questions in relation to children's rights, the current living, educational and health situation of the children as well as their wishes and concerns.

All researchers were provided with training on research methods prior to the field work, and the research team in each province had daily meetings to review and assess their findings as well as making plans for the next day.

In conducting the research, it was quite a challenge to find the number of children who have been tested and confirmed HIV positive by professional institutions. This is the reason why the number of HIV infected children interviewed in this research is lower that the number intended in the initial research plan.

At each research site, the research team made a list of children eligible for the research and divided the task among the team members for reaching those children. Overall, 482 children in total participated in the research of which:

- 64 are HIV positive, meaning they have been tested positive after 3 full tests, and they are listed in the list of PLWA supervised by local AIDS authorities.
- 305 are from families with members as PLWA. Family members in this research are defined not only as parents, but also their siblings or uncles or aunts, who live in the same house and share in the family economy.
- 115 are street children and these were selected randomly during the fieldwork in the research provinces.

2. Qualitative research methods

Qualitative research methods were applied on the basis of in-depth interviews and focussed group discussions. All in-depth interviews and focused group discussions were tape recorded and analysed right after each case.

- 37 children participated in in-depth interviews of which 17 children were HIV positive and 20 were affected by HIV/AIDS.
- 13 adults as care-givers including 2 health workers, 8 family care-givers and 3 HIV positive women who were taking care of their own children.
- Six (06) focused group discussions were organised with the aim to generate information from those children who are HIV positive, those who live in the same family with HIV positive people and those adults who are taking care of the HIV positive children. The contents for those focused group discussions were designed around the issues in relation to children's rights to survival, protection, access to information and access to social services such as health care, education, recreation and participation in social activities. In addition, some issues such as responsibilities of communities, Government and families in protection of children against labour and sexual exploitation were brought into those group discussions.

3. Some participatory exercises/tools

Together with collection of data, the research team members also facilitated some exercises with the children to encourage their active participation.

4 of such exercises were conducted involving small groups of 4 – 5 children. They completed the following exercises: listing and ranking their concerns/wishes, daily time use, drawing on selected topics, and individual exercise on life-line to highlight important events that had affected their lives. These exercises were very helpful in working with the children to understand about the key factors that had affected their lives, as well as changes that had occurred in their lives as result of HIV infection (by themselves or by other family members).

4. Difficulties met during the data collection

- The biggest difficulty met during the data collection was in relation to access to the target group. In reality, the number of children who are infected with HIV and those who are living with PLWAs in their families are not very high. Some children were found but were not in the age range or were too young to take part in the research, or they didn't know about the HIV status of their family member(s). This explains why the number of children who actually participated in the research was smaller than that initially intended. In some cases, researchers could not talk to some families, especially those who are better off or those who have high professional status.
- Many HIV positive children are no longer living in their original communities or no longer in the locations recorded by the local AIDS authorities. Thus, it was impossible to track them down.
- Though researchers are quite experienced in doing research, in making introductions and getting acceptance of the researched people. They also received training on communication skills with children, but during the research some of the children were still very shy and thus could not provide as much information as expected.
- It was much easier for children between the ages of 14 – 18 years old to provide information to the researchers. For younger children, although the researchers applied some participatory tools the information provided by them was still quite limited. Some know about the HIV status of their

relative but they did not want to talk as they had been told not to talk to others about it prior to the research.

VI. BACKGROUND TO THE RESEARCH TOPIC

1. The UN convention on the rights of the child

After more than 10 years drafting, in January 1990, the UN convention on the rights of the child (CRC) was officially initiated and since then it has become a legal framework applied in most countries of the world, for issues relating to children's rights. Vietnam was the second country in the world to ratify the CRC.

In its forward, the CRC states "children need special care and protection". The CRC also emphasizes responsibilities of the member states in fulfilling and enforcing the articles of the CRC. The main contents of the CRC can be summarized as follows:

- The CRC defines children as all human beings under 18 years of age unless national laws have a different definition. In addition, all children have equal rights, there should be no discrimination and it is the responsibility of the state members to ensure the best interests of the child.
- State members are responsible for fulfilling children's rights and have to make all efforts possible to implement the rights as identified in the CRC. The state members are also responsible for respecting the rights and obligations of parents and other family members towards their children so that appropriate guidance will be made to facilitate the suitable development, which fits each child's capacity and ability. Education for the children is firstly the responsibility of the parents, and the state member has to support them in fulfilling that responsibility.
- Don't separate children from their parents, unless the separation is necessary to protect the best interests of the child.
- Children have the right to express their views and thoughts and these should be listened to, respected and considered. In addition, children have the right to seek and receive information from different sources as legalised by national laws. The state members need to take measures to prevent children from accessing materials, which are harmful to their mental development. Mass media should be encouraged to communicate widely suitable information for children.

- Children have the right to be protected from all forms of exploitation, especially physical and economic exploitation. They have the right to resist being forced to take on work that is harmful to their mental, physical and social development.
- Children have the right to enjoy a progressive education. Different forms of education should be encouraged to reach all children.
- State members have a responsibility to provide special protection for those children who are displaced and make sure that they can enjoy the best alternative care by their families or by social institutions. In these instances:
    - Refugee children will be given prioritised support and special protection.
    - Disabled children will be given care and rehabilitation services, access to education and vocational schools so that they can enjoy equal life to other children.
    - State members will apply appropriate measures to prevent child kidnapping and trafficking.
    - State members have the responsibility to protect children from using drugs or addictive substances, and prevent any form of mobilisation of children in production or distribution of those substances.
    - State members are responsible for the protection of children from sexual abuse and exploitation, including the use of children in prostitution and for pornography.

There is a UN committee for monitoring and supervising the implementation of the CRC in the member countries. The state members are responsible for publicizing and communicating the rights stated in the CRC to both adults and children in their country.

The CRC has 54 articles and statements about rights that all children in the world can enjoy. All rights are equally important and interrelated or supplementary to each other. These rights are grouped into 4 categories as follows:

Survival and development

- To be cared for by parents (article 18)
- Alive (Article 6)
- To receive health care (Article 24)
- To enjoy social security (Article 26)

- To enjoy a standard of living, which is sufficient for full development (Article 27)…
- To have access to information (Article 17)
- To receive guidance from parents (Article 5)
- To be educated (Article 28)
- Access to recreation, entertainment and participation in cultural and art activities (Article 31)…

Protection and non-discrimination

- To not experience discrimination in any form (Article 2)
- To not be separated from parents unless it is for the best interest of the child (Article 9)
- Protection from physical and mental abuse, exploitation (Article 19)
- Protection and care if displaced from family environment (Article 20)
- Protection from economic exploitation, and from work that is hazardous and harmful to children's health, education and development (Article 32)
- Protection from use or participation in production or distribution of drugs or addictive substances (Article 33)
- Protection from sexual abuse and exploitation (Article 34)
- Protection from kidnapping and trafficking (Article 35)
- Protection from any other forms of exploitation (Article 36)…

Participation

- Allowed to express views and be respected and listened to (Article 12)
- Free to express (Article 13)
- Free to choose ideology, religion and beliefs (Article 15)
- Access to appropriate information (Article 17)
- Allowed to enjoy a cultural life, which is suitable to their own religion, and use their own language if they belong to ethnic minority or indigenous groups (Article 30)...

For the best interest of the child

- All actions taken that affect children need to be considered under the principle of the best interest of the child. The member state shall give the children the best care and protection in case their parents and other responsible people cannot do this.

2. Situation of HIV/AIDS infection among children

One notable characteristic in HIV/AIDS infection among children is that children can be infected from all 3 basic transmission routes, which are through blood transmission, through sexual contact and through mother-to-child transmission.

Recently in Vietnam, the increase in number of HIV/AIDS infected pregnant women indicated that there would be an increase in the number of under – 5 HIV/AIDS infected children. Infected mothers can transmit the virus to their infants in 3 stages: during pregnancy, during labour and during the weaning period. By the end of 2002, Vietnam was reported to have 460 cases of pregnant women identified as HIV/AIDS positive before their deliveries. The rate of infection among pregnant women has increased from 0,08% in 1999 to 0,39% by end of 2002. According to the report from MOH, which goes up until the end of 2002, the number of under 5 HIV/AIDS infected children from positive mothers is 328.

According to UNAIDS, the risk of HIV/AIDS infection through blood contact is still extremely high, especially for children who live in the countries where the control over blood banks is not good. This risk is even higher when children have illnesses, which need blood transfusions or are injured during accidents. According to the Department of Mother and Child Health and Family Planning, the Ministry of Health and the Thai Binh Medical School, adolescents in Vietnam account for 18,2% of the total number of victims in accidents occurred in daily activities.

In addition, adolescent's involvement in sexual activities and drug injection has been documented in many national and international publications. This has been reported as a social threat, which is causing a lot of complications and emerging problems. Experience in the world and also in Vietnam has confirmed that drug injection and unprotected sex are the quickest ways to transmit HIV infection between community members including young people.

The increase of HIV/AIDS infected children has been a major concern of the global community. The lives of those children who are infected by HIV/AIDS are generally very difficult. Most of them are living in families where there are other members infected with HIV/AIDS, and the families themselves have to cope with constant difficulties, especially poverty and malnutrition. Most HIV/AIDS infected children cannot enjoy adequate care and treatment, while their families cannot afford medical costs, not to mention that they themselves are suffering from the disease and thus do not have the ability to earn a sufficient wage to maintain a healthy family. The majority of the children are orphans due to their parents' deaths from AIDS, and having

nobody to rely on are brought to social institutions or orphanages. There are also many who work on the streets, facing abuse or temptation to take part in social evils, and as a result some may die right in the place they came to earn a living.

3. Street children

For a long time, many documents from different countries have mentioned the linkage between street children and poverty. Together with other aspects of development, the issue of street children has been considered as a global social issue. However, there are different perceptions about this issue at different stages of development, in different regions or in different countries. Such differences in perception result in different solutions to the problems in relation to street children.

In Vietnam, the street children phenomenon has been present for a long time. However, it has actually become a social problem since the shift to a market economy. Urbanization, development of industrial and tourist zones and the income gap between urban and rural areas have contributed to the increase in the flux of migrants from rural to urban areas. Among these migrants, there are street children and other working children who have left their families and their communities to live by themselves in a strange, new environment. Some research done in big cities as well as proceedings from workshops about HIV/AIDS prevention among street children have highlighted several causes for children leaving their families and becoming street children. Among these causes, the major one is economic factors. Most of these children have stopped schooling and did not have adequate experience or skills when they left home. They also had a lack of knowledge about HIV/AIDS prevention as well as about STDs. Research has demonstrated that some street children are involved in drug abuse and prostitution. This shows the obvious risk to HIV infection among street children. In addition, some have argued that because street children live by themselves without guidance from their family, from local authorities, from relatives, from good friends or being out of the reach of protection services, they therefore are more prone to labour and other forms of exploitation, including sexual abuse or being seduced into activities which have an HIV/AIDS infection risk.

Due to the above mentioned characteristics of the street children, by referring to various related materials nationally and internationally, the research team decided to use the following 3 categories to define street children:

- Category A: including those street children who are by themselves, who live and work independently on the street .
- Category B: including those street children who work on the street during the day but do spend some time with their families.
- Category C: including those street children who work together with their family on the street, or work by themselves on the street during the day and return to their homes in the evening.

4. National Forum : Children speak out on HIV/AIDS

On 14th August 2002, 56 children representing children and young people from different regions in Vietnam, gathered in Hanoi to organise a children's forum: "children speak out on HIV/AIDS".

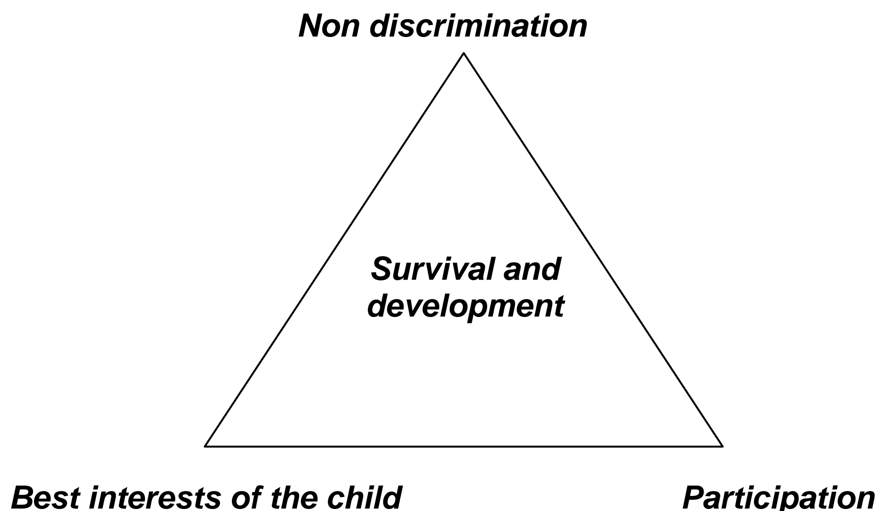
To support the organisation of the forum, there was participation from 4 members of the International Save the Children Alliance in Vietnam (SC Japan, SC Sweden, SC UK and SC US), from the National Association of Pioneers and the National AIDS Standing Bureau, Ministry of Health.

At the forum, the children raised their opinions on what they have experienced, seen or witnessed from their places of living. They also shared with each other their different knowledge, experience and skills and promised each other to continue to actively take part in the fight against HIV/AIDS. At the forum, the children also shared with the National policy makers and international donors what they expected the State, the Government, the local authorities and adults to do in order to better protect children in the world with HIV/AIDS (see more details in the annex).

The research team took part along side with the children throughout the forum process. The children's ideas raised at the forum were very helpful for the researchers to explore further during the field- research.

PART II: RESEARCH RESULTS AND DISCUSSION

Results of this research are analysed on the framework of the 4 key principles of the child right programming approach. They are:

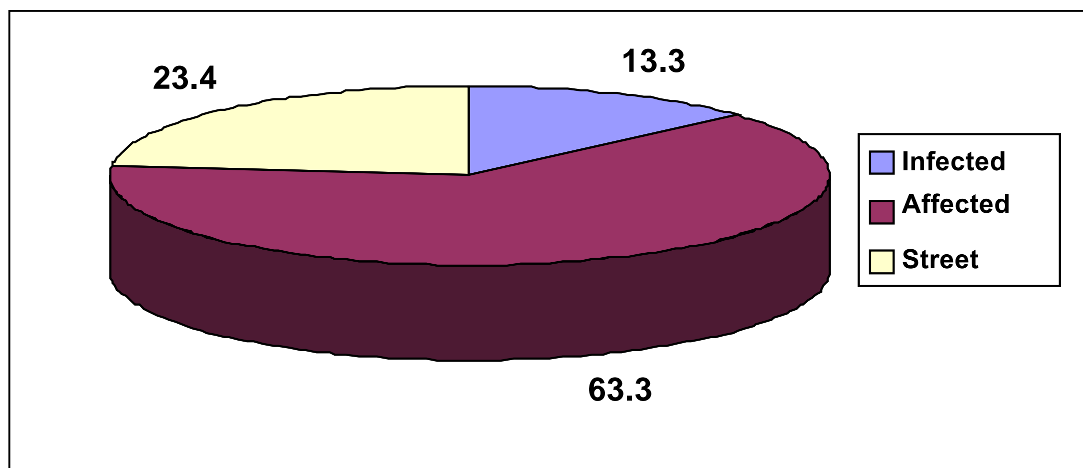


I. GENERAL INFORMATION ABOUT THE 3 GROUPS OF CHILDREN INVOLVED IN THE RESEARCH

1. Ratio of each group among the total research samples

As it was the most difficult to access to infected children; this group accounted for only 13.3% (64/482) of the total research sample size. The group of affected children accounted for the majority, which is 63.3% (305/482), and street children made up 23.4% (115/482). The graph below shows the details:

Graph 1: ***Ratio of each group of children who participated in the research***



2. Age of the researched children

Table 1 below presents the age group of the children who participated in the research:

Table 1: ***Ratio of the 3 researched children groups by age:***

Age group	***Children group***						***Total***	
	Infected children		***Affected children***		***Street children***			
	No	%	No	%	No	%	No	%
10-14 years	5	7.8	125	41.0	48	42.5	178	37.0
15-18 years	56	87,5	180	59.0	65	57,5	310	62.4
19 years	3	4,7	0	0	0	0	3	0.6
Total	64	100.0	305	100.0	113	100.0	482	100.0

The statistics in table 1 and what is indicated in the section on age of research targets show that researched children are in the range of 10-18 years old. The infected children interviewed have a higher age range compared to other groups (19 years), including 3 cases who were infected after they were 17-18 (before the research was conducted). A notable point here is that a great proportion (48/113=42.5%) of the street children involved in the research were aged from 10-14 years.

3. Sex of the researched children

Table 2 below presents the sex proportions among the children who took part in the research:

***Table 2:* Sex of the 3 groups of children participated in the research**

Sex	*Children group*					
	Infected children		*Affected children*		*Street children*	
	No	%	No	%	No	%
Male	45	70.3	168	55.1	79	69.8
Female	19	29.7	137	44.9	34	30.4
Total	64	100.0	305	100.0	113	100.0

According to the above figures, the majority of the children who participated in the research were boys. The number of girls accounts for about 1/3 in each research group; in the group of street children, the rate is little higher (30,4%).

4. Religion

Within the research, we also classified the children according to their religion. The research results on this are presented in the table 3 below:

***Table 03:* Religion of the children participated in the research**

Religion	*Children group*					
	Infected children		*Affected children*		*Street children*	
	No	%	No	%	No	%
Non religion	11	17.7	74	24.4	27	23.9
Confucian	17	25.8	167	54.8	81	71.5
Buddhism	24	37.1	41	13.5	2	1.8
Catholic	11	17.7	20	6.6	3	2.8
Other	1	1.6	2	0.7	0	0.0
Total	64	100.0	305	100.0	113	100.0

According to the above table, on average about 7.2% of the researched children practices Catholicism and about 14% follows Buddhism. However, we realised that some children may understand Buddhism as being the same as Confucian. Among the infected children 17.7% practices Catholicism and 37.1% follows Buddhism. *This seems that HIV/AIDS has "affected" both main religions in Vietnam.*

II. IMPACTS OF HIV/AIDS ON THE PRINCIPLE OF THE BEST INTEREST OF THE CHILD

The CRC states that all efforts should be made to ensure the best interest of the child so that they can enjoy the most appropriate development. *Children should not be separated from their parents unless it is necessary for their best interests*. With an aim to holistic and harmonious development and best interests for children in the very family environment, and based on this principle, we studied the family situation of the children.

1. Family size of the 3 groups of children involved in the research.

Family size of the children is studied based on the members of the families. The results are presented in the table below:

Table 4: ***Family size of the 3 groups of children involved in the research***

Size	*Children group*					
	Infected children		*Affected children*		*Street children*	
	No	%	No	%	No	%
2 persons	3	4.7	16	5.3	4	3.5
3 persons	16	25.0	31	10.2	9	8.0
4 persons	8	12.5	103	33.7	24	21.2
5 persons	13	20.3	66	21.8	23	20.4
6 persons or more	24	37.5	88	29.0	53	46.9
Total	64	100.0	305	100.0	113	100.0

According to table 4, *most of the HIV infected children* who participated in the research are living in big families. 37.5% of them are living in families with more than 6 people and 20.3% from families with 5 people. These may be families with more than 2 generations or families with more children. *In general the bigger families often face economic difficulties, and thus HIV infected children from bigger families may have a harder life.*

The affected children are mostly from families with 4, 5 or more than 6 persons. The respective rates are almost similar (33.7%, 21.8% & 29.0%).

Almost half of the interviewed street children are from big families with more than 6 persons (46.9%). The number of street children from families of 4 or 5 people are quite high (21.2% & 20.4% respectively). Street children from families of 2-3 members are relatively low (3,5% & 8,0%).

2. The HIV/AIDS epidemic has disturbed the children's family structure.

Children should be cared for in a family environment from their childhood till adulthood. Education, culture and many other social values are initiated from the family. For optimal development, children need to grow up from a happy family.

A lot of international research shows that HIV/AIDS is becoming an increasing challenge and its impact is not only felt by those who have died of AIDS or are living with HIV/AIDS but also by their family members. Children are not excluded from these affects, which both directly and indirectly have an impact on children's survival and development.

This research also found that the HIV/AIDS epidemic has disturbed the continuity and structure of many families. Most of PLWA in Vietnam (about 90%) are aged between 15-49, thus when they die, the family affairs are all moved to the shoulders of those older, normally grandparents. While most of these grandparents are no longer in labour age, they often live on their small pension or rely on small business and earn an average or lower level of living.

When we came to visit a household, receiving us was an old woman of 65 years – the owner of the household. She is living together with 2 grandchildren from her daughter. The bigger one goes to school at grade 4 and the smaller one is 8 years old and is infected with HIV/AIDS. The woman told us about the old happy days and also the days that she had to witness bitter experiences. The father of her 2 grandchildren used to be a captain in an ocean ship and after his long trips on the ocean, he brought the 'threat' home. One year later, he developed into AIDS and died. The miserable story did not stop there when the mother of the 2 children was also tested HIV positive. A few months after the death of their fathers, the 2 children witnessed their mother passing away. Of course, their life became then very difficult because the families did not only loose all of their bread winners but the former tenant also left because they did not want to live in a "family with AIDS". At the moment, the 3 of them are living on her very limited pension.

The parental situation of the 3 children groups involved in the project is presented in the table 5 bellow:

Table 05: ***about parents of the 3 children groups involved in the research***

Parents	*Infected children*		Affected children		*Street children*	
	No	%	No	%	No	%
▪ Together alive	31	55.4	168	68.8	58	55.2
▪ One died	2	3.6	10	4.1	10	9.5
▪ Both died	3	5.3	11	4.5	17	16.2
▪ Divorced	17	30.3	38	15.6	13	12.4
▪ Separated	1	1.8	17	7.0	4	3.8
▪ Don't know	2	3.6	0	0	3	2.9
Total	**56**	**100.0**	**244**	**100.0**	**105**	**100.0**

Table 5 shows that only a bout a half of all the children involved in the research is from families with both parents. The rest has just one parent or one of them died of AIDS or their parents divorced or separated. There is 3.6% (2/56) of the infected children and 2.9% (3/105) of the street children did not know their parents … *This shows that the family structure of many children interviewed during the research has been disturbed by HIV/AIDS.*

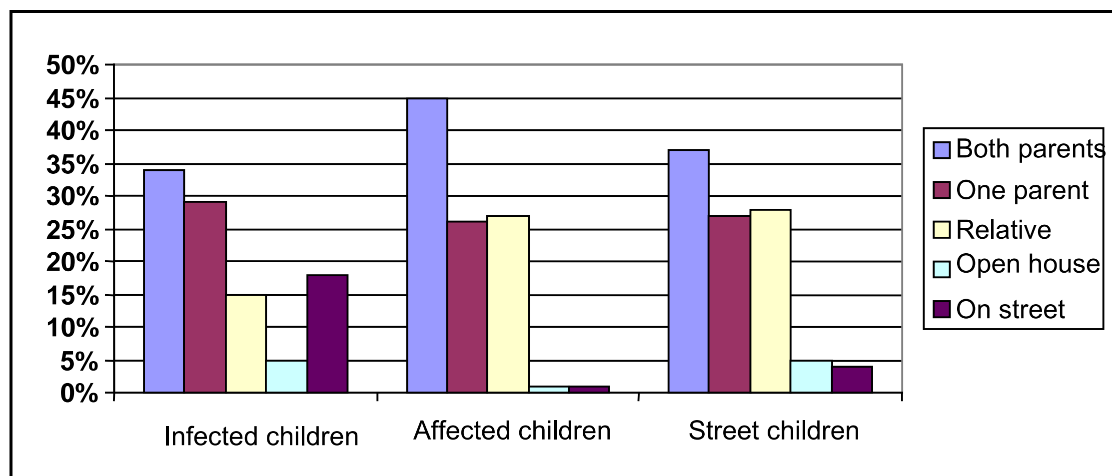
3. HIV/AIDS has pushed many children out of their parents

Family is a natural environment for the development and happiness of children, and plays the crucial forefront in the protection of children. Family should bear the preliminary responsibility for their child growth and protection. Children will learn cultural norms and values right from their family.

From the example of the case study given above, we can see those 2 children are no longer living with their parents because of HIV/AIDS.

Doing further research on child caregivers, we got the results presented in the graph 2 below:

Graph 02: **Caregivers to the 3 groups of researched children**



Results from graph 2 show that in general among all three groups of children researched the rate of those who live with both parents is quite low. This rate is highest among those living with HIV but it is only 45%; the lowest rate belongs to the group of children infected with HIV – about 33%.

The rate of children who are still living with one parent is 27% among the infected children; 26% among the affected children and street children.

There is a considerable number of children among these 3-researched group who are living with their relatives. This fits the Vietnamese tradition, which is: ‘ when father dies, you still have your uncle, when mother dies you can still have breast-feeding from your auntie”. This should be further encouraged in finding solutions for the issues in relation to children in special difficult circumstance, like the children involved in this research.

A more detailed analysis on this aspect, the results show that (table 06):

Table 06: ***With whom the children are living?***

With whom the children are living	Infected children		Affected children		Street children	
	No	%	No	%	No	%
▪ Both parents	21	32.8	152	49.8	31	27.4
▪ One biological parent	13	20.3	84	27.5	15	13.3
▪ Bio-father and step mother	4	6.3	3	1.0	5	4.4
▪ Bio- mother and step father	1	1.6	1	1.0	2	1.8
▪ Grandparents	2	2.8	54	17.7	16	14.2
▪ Relatives	7	10.9	38	12.5	7	6.2
▪ Adopted parents	0	0	0	0	0	0
▪ Open house/ shelter	3	4.7	4	1.3	4	3.5
▪ On streets	11	17.2	3	1.0	3	6.2

- There is only about 1/3 (32.8 %) of the infected children *that are currently living with both parents*; 20.3% of them are living with only one parent; 10.9% are living with relatives; 6.3% are living with father and step mother; 1 child who is living with mother and step father, 3 of the infected children are living in social center/open house or shelter.. One notable point is that *the percentage of infected children living on streets accounted for 17.2% (11/64).* HIV infected children who live on streets are very mobile and often sleep in rented room.
- Among *the affected children interviewed* there is 49.8% of them who are living with both parents; 27.5% are living with father and step mother; 17.7% are living with grandparents; 12.5% are living with relatives …
- Most of the interviewed street children are living with their parents or their caregivers (belonging to street children category B). During the day they work on street and at night they come back to sleep at home with their families. 27.4% of the interviewed street children are living with their biological parents. The percentage of those who live with their grandparents is 14.2%; There is only 5 out of 113 street children who are living with their biological father and step mother; One of them is living with his mother and step father; There are only 3 of them who live by themselves on streets (belonging to category A – homeless street children).

Linh, 16 months old, tested twice HIV positive at age 3 months and 16 months – from Hai Phong.

Both parents are drug users. His father was tested HIV positive when Linh was not born yet. After Linh was born for 3 months, he was tested and the result was positive. By that time, Linh's father was imprisoned and when Linh was 16 months his mother committed a crime and was imprisoned as well. Just within his 16 first months of his life, Linh experienced 3 different caregivers. When Linh was with his parents, he was not cared for properly as according to his grandmother " when his parents needed drug, they did not care about anything else. The doctor told me to buy power milk for him to drink but even that his parents brought it to the market to sell for drug injection. His parents did not care at all about him". Later Linh was moved to live with his grandmother. The grandmother said: "When I came to pick him up, his eyes were very deep. His mother did not feed him as she said whenever Linh cried she fed him coughing syrup so he slept and did not need to eat (the syrup contains substance that causes sleepiness…" Linh's grandmother already became poor because "the family has drug addicts. During the day, she is busy with selling things so she does not really have time to take care of Linh. Then Linh was moved to the other grandmother (from his father side) to live with his uncles and auntie in a big family. After a short time, conflict happened in the family because of Linh's presence. The family members refused to take care of him because of ' being afraid that he will infect other children in the family". Once more, Linh was removed to his grandmother (from his mother side) after the 2 families made an agreement that "the maternal side will take care of him and the other side will provide financial support"

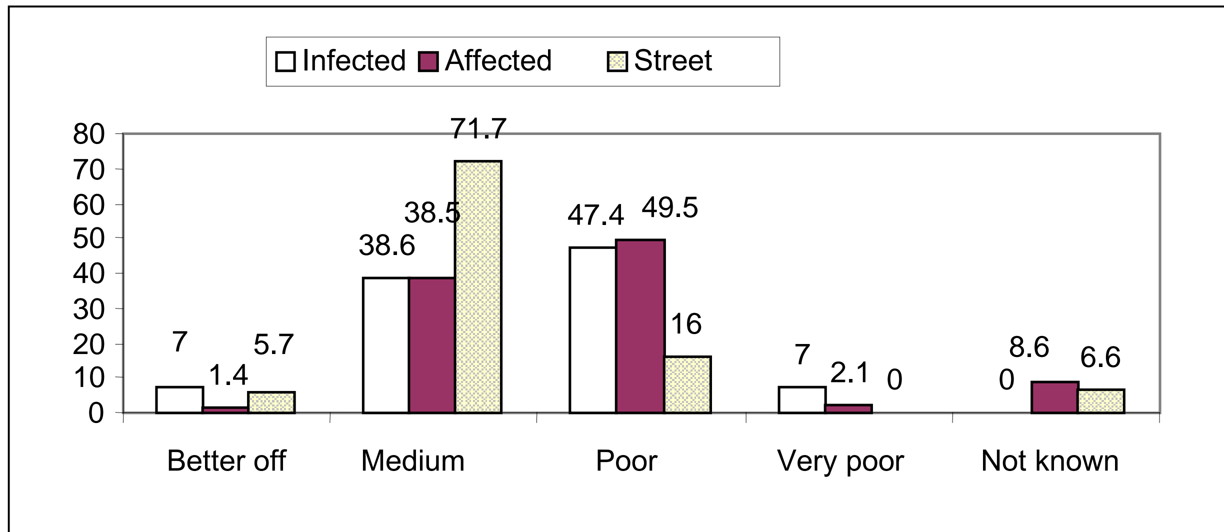
In summary, *HIV/AIDS has made impact on the structure, stability of the families with HIV/AIDS and these contributed to making many of the children from these families to live separated from their parents.* The percentage of interviewed infected children who do not live with their parents is 66%. This percentage among the affected children is 55%… This says: *HIV/AIDS has taken away the right to be ensured for the best interest of the majority of the children who are affected directly or indirectly by the epidemic.*

4. HIV/AIDS has worsened many family's economy

Many similar research conducted in other parts of the world concluded that apart from illnesses and deaths, HIV/AIDS has posed a lot of economical difficulties to the families with HIV/AIDS due to losses of bread-winner and increase of medical costs. Many of the families have become less economically stable and the children would loose care and nourishment as well as opportunities for further development as other children would.

This research studied the economical situation of the families of the 3 groups of children and the results are presented in the graph below:

Graph 3: Family economy of the 3 researched groups of children



(Note: Poverty ranking as per criteria by research localities)

From the above graph, it shows that the majority of the infected children participated in the research are from medium or poor families. Among all the infected children interviewed, there is only 7 % belonging to better off – category families; 38.6% belongs to medium category; and up to 47.4% belongs to poor and 7% very poor. The lower percentage of infected children that come from better off families may be because some better off families refused to let the researchers to access to their children as they wanted to un-reveal their children's HIV status. (Already mentioned about this under the item: difficulties met during the research).

Similarly to the infected children group, *the majority of the affected children in this research come from medium or poor families*. 38.5% of these children live in medium families and 49.5% live in poor and 2.1% live in very poor families. There is only 1.4% of them who lives in better off families.

It is different from the above 2 mentioned groups, the street children in this research *seems to come from families with better economic situation.* 71.7% of these street children come from medium families; 5.7% better off and there is only 16% of them who come from poorer families but none comes from very poor family.

In summary, most of the children participated in this research come from poorer families, especially among the 2 groups of children who suffer direct impact from the

epidemic (infected and affected by HIV/AIDS). *This shows that HIV/AIDS contributed to the worsening of the economic situation of the families*.

However, in terms of reasons the research found that drug addiction is also one of the "contributors". According to the figures by MOH, more than 60% of the HIV/AIDS infected cases in Vietnam was infected through drug injection. Research about drug addiction in Vietnam and internationally showed that *drugs have put a lot of families into poverty*. The drug addicts themselves mostly cannot contribute economically to the family. Moreover, they are willing to sell whatever is valuable in the family for meeting their drug need. Some people say, for families with drug addict(s), they are likely to put into poverty whether they are infected with HIV/AIDS or not.

I am forced to give him some money every time he needs to inject; otherwise he is very "nasty" … I have to save on food of the families in order to keep a certain level of harmony

(In- depth interview with a mother of an HIV infected and drug user, everyday she has to give him 120,000 dong)

However, this research also found that HIV/AIDS has taken away parents who are at productive age and/or who used to be main breadwinners of the families or at least they used to be able to contribute economically to the family. In addition to the medical costs associated with HIV/AIDS infection, especially when the patients developed into AIDS, some family members had to stop working in order to take care of them and then costs for the funeral, etc. All of these contributed to the decrease of the family income. The extracts below aims to illustrate for this.

"Before when the illness was not too serious he could still work and help me in the household-cores…. In short, when he was still alive he was quite helpful to me but since his death our lives are much harder"

(Mrs. D having 4 children, husband died of AIDS)

"Before my sister got ill, she took care of the whole family. But now she can only stay at home so both my father and I have to go to work but still could not earn enough because we have to pay for the rent, and the daily living. I find everything now much more difficult – we lack more things than before.".

(T - 16 years, her sister was a sex worker and infected with HIV)

"In general, in order to care for him I had to sell almost everything... when he was too ill I had to stop selling so that I could stay at home to take care of him"…

"He was ill at home for a long time. When he died there was no single money left so I misused the amount of money, which was supposed to return to the lottery agent – about more than 300,000 dong in order to pay for his funeral. At the moment, I am still indebted..."

Question: How do you compare your family's economy before and after your father's death?

Answer: When my father worked in the north and sent money home to support my mother, then my mother did not have to work so hard. But now, partly because of the rumor, partly because of my mother's poor heath, her selling is not going very well.

(D. 15 years, father died of AIDS, mother infected with HIV, comes from family with 4 children)

When asked about the family's income since there's infected member(s), the answers were collected as in the table 07:

Table 07: *Impacts of HIV/AIDS on the family income*

Since your family got infected member(s), does it affect your family's income?	*%*	*N*
Yes	47.6	140
No	28.2	83
Don't know	24.1	71
Total	100.0	294

There is 47.6% of the researched children said that their family income was reduced. Some answered "don't know" may be because they are too small to know about their family's income.

The same question was then analysed according to each group of the researched children and the results are presented in the table 8 below:

Table 08: ***Impacts of HIV/AIDS on family income (per each group of researched children)***

Since your family got infected member(s), does it affect your family's income?	*Children group*			
	HIV infected		*HIV affected*	
	No	%	No	%
Yes	18	31.0	114	50.9
No	32	55.2	48	21.4
Don't know	8	13.8	62	27.7
Total	**58**	**100.0**	**224**	**100.0**

Table 8 shows that 50.9% *of the affected children* think that their family income decreased due to their member's infection of HIV/AIDS. This rate, although, is lower among the infected children but because most of (60.9 %) the HIV infected children participated in this research are drug users and prostitution and aged 18 – 20 so they may be they are independent from their family's income and thus they cannot know exactly.

Returning to the table 7, it shows there are 140 children who answered the family economy was worsened due to HIV/AIDS. To elaborate this, the research continued to ask the question to see the children's evaluation on the level of the impact (decrease, decrease considerably, and decrease a lot) and the children evaluated it as follows: (table 09):

Table 09: ***Level of HIV/AIDs impact on the family's income***

How does HIV/AIDs impact on the income?	*%*	*n*
Decreased a lot	21.5	30
Decreased considerably	21.5	30
Decreased	28.0	39
Don't know	29.0	41
Total	100.0	140

According to table 9 above, the levels of "decrease a lot"; "decrease considerably" and "decrease" are quite similar to each other and all range at about 20 % of the children who answered so. There is 29 % of the children who answered "don't know", however still felt that the family economy was decreased compared to before HIV/AIDS. The criteria for evaluating the decrease level in this research were all based on the children's own perception/feelings, after their discussion with the researchers. The research finds its own limitation in building up clear ranking criteria.

In analysing the reasons why the 140 children thought that their family economy was decreased, the research found that 138 of them gave the reasons. 67% said that

because the infected member was the main bread-winner; 13.4% said that because the family business (selling small things) was bad, and the rest gave other reasons including having to buy medicines, to pay for medical treatment of the infected person (2.7%). Some could not give any reason (16.9%)

In summary, the research shows that HIV/AIDS has clearly affected the family economy. The decrease in family income, increase of the responsibilities of the care-givers and the instability or losses of care... are likely *to make the HIV infected and affected children denied some of their basic needs, not mentioning ensuring their best interest as standardised in the UN CRC.*

III. IMPACT OF HIV/AIDS ON THE CHILDREN'S RIGHT TO BE PROTECTED FROM DISCRIMINATION

The UN CRC states that children's rights are human rights, one *of the most basic human rights is not being discriminated against under any form.* This means that all children have the right to be respected equally regardless of their social, economical, family or health status. *All children with HIV or living in families with HIV infected members have equal rights to all other children and these rights should be respected and thus they should not be discriminated against under any form.*

However, this research showed that all 3 groups of children who participated in the research are suffering from discrimination and bad experiences, especially the mental wounds that are made by stigma and discrimination.

1. Different forms of discrimination learnt through the research

1.1. HIV/AIDS has made some infants abandoned

This research sees the abandonment of infants (especially those who are suspected to be HIV positive or born from mothers with HIV) is a form of discrimination and this is one of the serious impact of HIV/AIDS on children. *Being abandoned means that the children are refused their rights to be taken care and nourished and thus they would have to grown up in an environment without their parents and/or their relatives.*

According to secondary data, most of the HIV infected or suspected infants who were abandoned are taken care of in hospitals or in social institution such as orphanages. This has become an increasing phenomenon.

Through in-depth interviews with health workers in an infant hospital in Hai Phong, we understood that most of the abandoned children here are from mothers with HIV. The health workers also shared that these mothers are often drug users or sex workers. Many of them did not register their correct name and address with the hospital *because they may want to un-reveal their HIV status.*

HIV/AIDS infected infants and abandoned often have slower mental development (for example communication, playing abilities...) compared to other infants of their age.

> *The children often don't speak. For example, the little Mai here, she is at the same age with my child but she even cannot speak simple words such as " mummy" or " granny"… May be because my child always has somebody at home to teach her and when she goes to kindergarten there is teacher to do this or she can learn talking with her friends. But for children like Mai here, the health workers hardly have any time to teach them...*
>
> *Said by a health worker who is taking care of abandoned HIV infants in a hospital in Hai Phong*.

1.2. Children, who are directly affected by HIV/AIDS, are often isolated in their own community. However, this has been gradually reducing.

During the field research, some of the *affected children* said that other people in the neighborhood treated them normally or some said: *"those who understand about HIV/AIDS, are more sympathetic with us",* so these children did not experience discrimination by other people who live around them. Most of these children have fathers who died of AIDS or are living with HIV/AIDS for years. Some said: *"At the beginning people also tried to be away from us but later when they saw my father still healthy then they started to treat us normal".* This seems that the community would find it easy to accept PLWA or relatives when they feel "safe" or when they understand that HIV does not transmit through daily social contacts.

However, there are still people who don't understand enough about HIV or prevention methods so they still continue to practice discriminative behaviors towards not only the PLWA but also their children and relatives.

The in-depth interviews conducted during the field research show that in urban community the stigma and discrimination seem to be more discrete and quieter. This reflects the urban "living style" which is " not paying attention to other's family

business”. The levels of stigma and discrimination experienced in the urban communities are various, ranging from discrete attitude, to avoid making social contact such as not coming close to PLWA or children with HIV.

“Holding the kid is only by members of the family and sometimes one old woman (over 70 years) who lives at the end of the street, takes him. But young people or people at your age (researcher) seem to be very afraid, I know that … ”

Care giver of one HIV positive child, Hai Phong

“People make many rumors but I don’t care. People said the husband of that woman is infected so don’t talk to her, talking can make you infected …Even my sister – in – law said that my family is infected with HIV so she does not want to live under the same house with us”

Wife to one HIV positive man who lives in the same house with the sister of the man – Da Nang

Another form of discrimination, which targets at relatives including children of PLWA, is *stop making communication or showing hesitation in communicating with them.* This makes members of the families with PLWA feel isolated within their own community.

“The neighbors hardly come to visit anymore. There were some who used to come often but since my son died they hardly come again. May be they see that our family lives in poverty, and then the disease so they are afraid to come. I never talk to them about this, as I know they are scared. Since his parents died, he always comes straight home from school, he never goes out with friends but only sometimes to the houses of some auntie who knew his parents before”

Caregiver to one HIV infected child

Sometimes the PLWA and their family members themselves are afraid of being stigmatized or discriminated against so they may ‘self isolate’ from other people. They remain to have a feeling of being afraid for other people to practice discriminative attitudes against their families, especially in the rural areas.

HIV infected or affected children gradually loose their friend contacts. Some even are boycotted by their friends including those in schools or neighbors who don’t want their children to play with these kids. This negatively affects the mental development of the children. The children become “older” than their friends of the same age do. Bullying by other children or adults can make serious wounds mentally on these children.

"My friends called me SIDA so I don't play with them anymore. I have this problem so my friends don't come to play with me anymore and thus I play by myself".

M - 8 years affected from her mother

"The neighbors here forbid their children to play with him. The other day he went to play in the street, he came back after a while crying. He told me that one "uncle" asked him: why are you not going to school, are you infected by SIDA"

Caregiver to one HIV infected child

Question: *Do your friends bully you?*

Answer: Yes, they said my father had that …by then I was 13 years

Question: Are there many children to play with you?

Answer: Just a few, because some know that my father got that disease so they did not want to come close to me as they were afraid of being infected. In school, there are also only a few friends because of the rumor so they are afraid, they dare not play with me. But the children in the neighborhood they understand better so they are more sympathetic.

Minh - 15 years, father died of AIDS, mother infected with HIV- Da Nang

2. Impact of stigma and discrimination on the researched children groups

2.1. Stigma and discrimination made income reduction in families with PLWA.

Most of the families with PLWA earn their living from small business, especially selling food or drinks and these are hit the hardest by stigma and discrimination. If this is not a soon solution for this issue, the family economy of these people would be getting more and more miserable (already very poor as mentioned above).

Question: How is your mom's business? Does she sell well?

Answer: Before when the rumor was that my mom was also infected then the business was very bad because they did not want my mom to touch the food

2.2. *Stigma and discrimination lead to un-revealing of HIV status*

It is the stigma and discrimination that made it very difficult for the researchers to access to the research subjects. This is due to *the fact that people want to hide their status in order to prevent stigma and discrimination.*

The research studied this issue and the results are presented in the table below:

Table 10: *Level of hiding HIV status*

Do your friend know (do you yourself) that there is PLWA in your family?	**%**	*N*
Yes	27.8	82
No	51.2	151
Not sure if they know	18.3	54
No answer	2.7	8
Total	100.0	295

The table above shows that more than 50 % of the children think that other people don't know they have relatives living with HIV. There is only 27.8% said that *"other people surround know about my family situation".*

To elaborate this, the research further studied the children's attitude towards the issue *"whether or not to reveal the status".*

Table 11: **Children's attitude towards the question whether or not to reveal HIV status**

Question	*Agree*	*Don't know*	*Disagree*	***Total***
I think it is better that other people know about our status	30.7 146	27.3 130	42.0 200	**100.0** **476**
I don't want other people to know about our family situation	57.0 272	12.8 61	30.2 144	**100.0** **477**
I think it is important to keep our family situation confidential	56.0 268	12.0 58	32.0 318	**100.0** **476**

(The round number is the number of children who answered and the fraction number is the percentage)

From the table, it reads the majority of the children (57%) don't want to reveal the family situation (i.e. there is PLWA in the family or the children themselves infected with HIV) and 56% think that it is important to keep the HIV status confidential. In addition, *42% of the children disagreed with the statement that it is better for other people to know about their status.*

The qualitative results revealed that some children think that their friends and other people in the community who still treat them normal, that is because their status is not yet revealed. This is the reason why most of the children fear for the experience of unequal treatment if other people in the community know about their situation/HIV status. In addition, their parents/adults in the family often tell them not to tell this information (there is PLWA in the family) to other people. This shows that other members of the family are also very afraid of stigma and discrimination, thus they don't want to reveal their status because of the fear that other people would treat them and their children differently.

Question: Why does your mom still hide that from you while your dad already died for 3 years?

Answer: My mom does not want to tell my family. When my dad got the disease, I heard many rumors from other people but I did not believe in them. I did ask my mom but she did not tell me. Later one of her friends told me.

(A child – 15 years old, father died of AIDS, HIV infected mother).

It is quite common that parents or grandparents want to hide the presence of PLWA in the family from the children as long as possible, even sometimes when the child is infected himself. This is because they think that the revealing will negatively affect the children or that the children would think badly about their parents. This makes many children know nothing about what is happening in their own family or if they hear anything it is from rumors around the neighborhood.

He told me about his test only when he turned very ill but he told me not to tell out children. He was afraid that they would think badly about their father.

Said by one widow of an AIDS patient

2.3. Stigma and discrimination may have increased the fear among the children

when they know that their be-loved or they themselves were HIV positive. The table below shows answers on the question about children's feeling at the news about their be-loved or themselves being HIV positive:

Table 12: ***children's feeling at the news about their be-loved or themselves being HIV positive***

Feeling	*Infected children N=64*	*Affected children N=302*
Normal – so so	10.9	5.9
Confused, terrified	50.0	29.2
Fear for others to know	42.2	38.0
Fear for loosing job, being chased out	6.3	2.6
Not believe in the news	14.1	13.4
Self – pity / ashamed	39.1	15.1
Willing to accept	7.8	3.0
Loving, sharing	0	13.4
Don't know, don't remember	6.3	4.9
Others (sad, fear for the be-loved to die)	14.0	2.3

Table 12 shows that that the majority of the children felt confused, terrified and did not believe in the news when they first heard that their be-loved was infected with HIV. *And the most scary thing for them was "being afraid that others would know"* (42.2% of the infected children and 38% of the affected children). The fear for others to know was even bigger than that for loosing job or being chased away (respective percentages among the 2 above groups are 6.3% and 2.6%). More than 1/3 of the children felt ashamed in front of others (39.1%), they felt that "other people are talking about them or their eyes/ their attitudes showed so". There is just a few children felt normal or willing to accept the truth (10.9% and 7.8%).

These psychological reactions may be rooted from the fear that their relatives or other people around would isolate them. The below box contains some extracts from the interviews with the children.

"I always fear that my mom would know because I am afraid that she would not come to visit me anymore if she knows my status". T. 18 years, living with grandmother. Father died, mother remarried. T used drugs at the age of 16, HIV infected. *Question: Do you think you would tell your husband one day?* *Answer: I dare not tell him since I don't have enough courage to do so. Because I fear that I would be chased away and my in-law would think low about me, about my family* Female – 18 years, waitress, HIV infected but her husband does not know about her status - in Kien Giang

2.4. Discrimination has limited the children's access to basic services

Stigma and discrimination do not only impact on social relationships but they also limit the children's rights to access social services, especially education and health. For example, *when asking about why the children did not come to health service provider (state and private) when they got health problems,* the answers collected are included in the table 13 below:

Table 13: **Reasons why the 3 groups of children don't seek health service when needed**

Reasons for not going to health service (private and state)	*%*	*N*
The problem was light, can be self treated	45.3	34
No service available	1.3	1
No money to pay	4.0	3
Fear of being discriminated against	32.0	24
Others	10.7	8

The table shows that there are 2 key reasons for the HIV/AIDS related children not seeking for health service. They are *"the problem was light, can be self treated"* (45.3%) and *"fear of being discriminated against"* (32.0%).

Because of the above 2 reasons, when these children have health problem, they often (1) let it gone by itself (18.3%) or buy medicines for self-treatment (52.7%). The percentage of those who seek health service is less than 10%. Details for health seeking behaviors are presented below:

Table 14: ***Level of seeking health services when needed by the researched children***

Health seeking behavior	*%*	*N*
Let it gone by itself	18.3	17
Buy medicine for self treatment	52.7	49
Go to hospital/ local clinic	1.1	1
Go to communal health station	8.6	8
Go to private health provider	1.1	1

Regarding access to education of these children, a more detailed analysis is presented in the next section. However, the below example aims to provide some illustration to show the impact of stigma and discrimination on children's access to education.

> *Little M already reached school age and very much like to go to school with other kids. Despite all efforts made by the local authority, M still could not go to school. The unsupportive attitude from other parents is the main obstacle for this effort.*
>
> M – 8 years, infected by HIV from her mother- Da Nang

In short, *stigma and discrimination in relation to HIV/AIDS, including those against children, have reduced to some extent over the past few years. However, it is still a common problem in all parts of Vietnam*. Stigma and discrimination have negatively affected the fulfillment of the basic rights of the children such as the right to health care, right to education and the right to live with their own parents.

IV. IMPACT OF HIV/AIDS ON THE CHILDREN'S RIGHT TO SURVIVAL AND DEVELOPMENT

> *All children in the world are innocent, vulnerable and dependent. Children, in addition, are active and full of wishes. They should be able to live happily, peacefully with opportunities to recreation, education and development. Their future should be formed in harmony and support. They need to develop by opening their views and access to new knowledge.*
>
> (Common statement on children's survival, protection and development)

The principle of survival and development plays a central part in the 4 key child right principles. To guild the analysis on the impact of HIV/AIDS on this central principle,

the research team assessed the impact of the epidemic on *mental life, education, health care and security of the 3 groups of children who participated in the research*.

1. HIV/AIDS's impact on the children's mental development

Apart from children's feeling of confused, terrified and desperate... when knowing that their be-loved was infected with HIV/AIDS as presented in the above section, in the below section, it is presented a more detailed analysis on the impact of HIV/AIDS on children's mental life. This analysis is based on the information collected from interviewing the 3 researched groups of children and other people concerned.

Firstly, HIV/AIDS epidemic has big impact on the children's feeling and psychology; in particular it has made some psychological wounds on the children. In another hand, it is quite difficult for the children to describe exactly their psychological changes when knowing their be-loved infected with HIV.

For those who are smaller, such psychological status was commonly fear that their parent(s) or other be-loved ones would die. This may be because of their perception of HIV/AIDS as closely associated to death. Other case is that they only know that their be-loved ones got serious health problems but not exactly HIV/AIDS.

Question: What did you feel like when you heard about your mother's status?

Answer: I feared that my mom would die

A child – 12 years old with infected mother

Question: Do you know what disease you father has?

Answer: My father got coughing TB

A child – 14 years old, father died of AIDS

For bigger children (from 15 years old), it was easier for them to describe clearly their psychological changes due to their more developed perception.

HIV/AIDS's impact on these children's mental life was not only limited at worrying or self- ashamed ... but it is also reflected in situations where they (infected children themselves or affected children) are bullied by other children or other people. In those situations, they felt lost, isolated and always comparable to other children of the same age. All these contributed to the loosing of their natural children's innocence and thus affect their mental development. In addition, such psychological impacts also affect their education, their work and their daily life. Some of these children even felt that their life is not so long any more.

1. "After the death of her mother, she's always confused. Sometimes, she said:" - granny now I have only you left, I have no parents anymore. I don't know what I will be when I grow up. I feel very sad. I have also no friends any more". She has nobody else to support her to cope with those losses. She is always sad and confused and thus she could not concentrate on her education"
2. Question: Does she know she gets that disease (HIV/AIDS)?
Answer: Yes, she knows. She said she knew it already and that she could only live for a short time more and then she would come to see her mother

Care giver to: 1) H - 15 years; 2) M- 8 years infected from mother; both parents died of AIDS, at the moment 2 of them live with grandmother in Da Nang

The research studied the present attitudes/feelings (at the time of the research) of the 2 groups (HIV infected and affected children) and the results are presented in the table below:

Table 15: ***Children's attitude/feeling at the time of the research***

Children's attitude/feeling	*Children group*			
	Infected		*Affected*	
	%	No/64	%	No/302
Normal	21.9	14	32.5	98
Lonely, does not want to make contact	31.3	20	8.2	25
Frustrated, desperate	28.1	18	11.8	36
Accept the situation, want to have stable life	35.9	23	1.6	5
Feel loving the family members more	13.5	8	19.0	57
Always hopeful to have curative medicines	50.0	31	31.1	94
Always caring for and encouraging the (infected) person(s)	0	0	7.2	22
Others	14.1	9	4.9	15

(*Questions of multiple choices for one interviewee*)

The results in table 15 and those collected from focus group discussions (with older children) show that most of the children are concerning about the availability of curative medicines for HIV/AIDS and that the availability of the medicines would encourage them to stop risky behaviors (for those who use drugs or involve in

prostitution) so that they can prolong their life. There are also opinions that they should accept the truth (35.9% among the infected and 19.0% among the affected children). The above results also show that 31.3% of the infected children and 8.2% of the affected children felt lonely, self isolated and did not want to make contact; 28.1% of the infected children and 11.8% of the affected children fell into the situation where they felt self ashamed and thus wanted to avoid meeting other people. *Notably that there is almost 1/3 (28.1%) of the infected children in the research had had negative feelings such as frustration or desperate. Such feelings could lead to unsafe behaviors or continue risky behaviors.*

> *Question: When you knew your test result, were you still using drugs?*
> *Answer: I was sad, I think of the result too often that I want to forget about it and thus I "played – shot" more.*
>
> T-18 years, HIV infected

Such negative feelings or even their risky behaviors seem to increase when there lacked the care and attention from their beloved, especially their parents. Below is one example:

> *T. is 18 years old, was born in a middle class family with a father as a factory worker and a mother having a cloth shop in the local market. T's bigger brother studies in university. When T was 10 years old, T's parents separated. A few years later, his father died of a serious disease. His mother and his brother went to the South to live. When T was 17 years old, his mother remarried. T lives with his grandmother, lacking the care from his parents. T started to use drugs when he was 16 years and then he also started to live on streets. The street life and the need for drug made him choose to go to Hanoi to work as male prostitute. The first time on his job, he did not know that he should ask his client to use condom. Later on, there were some who used and also many who did not use condom at all. After a while, T returned home and was asked to go for test. The result was positive. Although he had counseling service but he still felt terrified and worried. T does not know why he got HIV and continued to use drugs to forget his problem.*
>
> A story about one HIV infected case from Hai Phong.

In contrary, if there were enough care and attention from parents, those children would find it easier to accept the truth, wanting to lead a stable life and more determined to change their behaviors. One example on this is presented below:

H. is 18 years old, was born in an intellectual and better off family. His father is an engineer and his mother is a pharmacist. H's sister studies in university. When H was in grade 10, he started to use drugs and stopped schooling. Two years later, his family decided to send him to the army. At the recruitment health check, the family was very surprised at his positive test for HIV. H's parents seek help from a counseling centre and later on made a plan to support H to return to a normal life. His mother and his sister are always taking care of his health and give him encouragement to overcome difficult moments. His father is always his soul mate. For H, he accepts the truth quietly "I feel normal as I know I played hard so I have to accept the consequence of that". Two weeks after the test result, H decided to change his life style. H tried to stop using drug at home and he was successful. At the moment, H is taking part in a peer education programme by a Friend- Help – Friend club. He gains his confidence and finds life more meaningful.

A story about one HIV infected case in HCMC

2. HIV/AIDS has strong impact on the children's right to education

The research studied the impact of HIV/AIDS epidemic on the children's right to education. Such study was made through understanding more about the children's current educational level, their schooling and reasons for not going to school. The results are presented in the table below:

About the children's present educational level the research results are analysed as follows:

Table 16: ***Educational level of the 3 researched children groups***

Educational level	*Children groups*					
	Infected		*Affected*		*Street*	
	%	No	%	No	%	No
Illiterate	3.4	2	1.0	3	2.0	2
Primary	27.1	17	31.0	95	59.4	67
Junior secondary	50.8	33	51.0	156	35.6	40
Senior secondary	18.6	12	17.0	52	3.0	3
Total	100.0	64	100.0	305	100.0	113

Table 16 shows that about 50% of the researched children have studied in junior secondary school. Illiteracy rate was about 2 %. There is only about 17-18% of the infected and affected children who are in senior secondary school. Educational level of the researched street children is lower than that of the other 2 groups. There are

only 3% of the street children studied in senior secondary school; 35.6% in junior secondary school and 2.0% are illiterate and almost 60 % of them have studied in primary school.

One point to note here is that the majority (60%) of the children involved in the research are from 15 years old, equivalent age for grade 9 (end of junior or beginning of senior secondary school) if they are in normal situation like other children. However, the percentage of those who went to senior secondary school in this research was only 18.6% among the infected children, 17% among the affected children and 3 % among the street children.

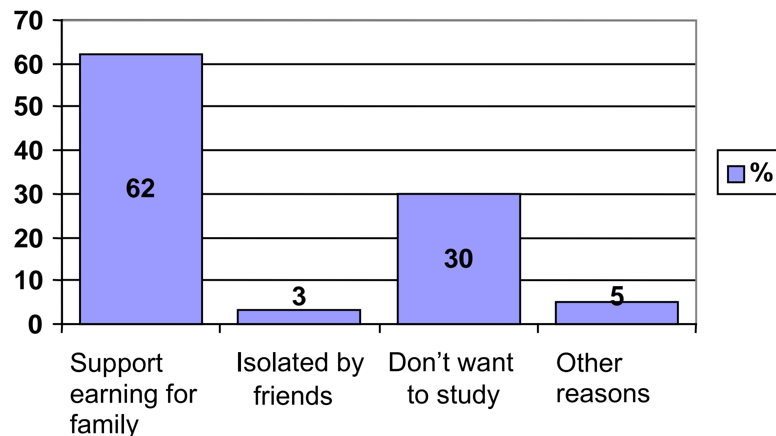
Through a few figures presented above, it may say that *HIV/AIDS* (and may be including issues directly involved in HIV/AIDS which is drug abuse) *has limited the opportunities for these children to access education.*

2.2. About the level of schooling of the 3 groups of children involved in the research, the research results are shown in the table below:

Table 17: ***Schooling situation of the researched children***

Schooling situation	*Children groups*					
	Infected		*Affected*		*Street*	
	No	%	No	%	%	No
Going to school	7	10.9	175	57.4	18	15.9
Dropped out	52	81.3	119	39.0	83	73.5
Never go to school	5	7.8	11	3.6	12	10.6
Total	**64**	**100.0**	**305**	**100.0**	**113**	**100.0**

The above table shows that the majority (81.3%) of the HIV infected children and 73.5% of the street children have dropped out of school already. This seems to be a very high percentage, given the fact that the children involved in the research are aged 10-19 years, meaning they are still at the school age. The highest percentage of school children among the researched children falls into the HIV affected children, but it is only at 57.4%, much lower than the average school attendance reported nationally of 90%. *This result once more confirms the negative contribution of HIV/AIDS towards the right to education of the children.* The research studied the reasons for not going to school of those children and the results are noted in the below graph:



Graph 4: Reasons for the children not to go to school

The graph 4 shows that a higher percentage of the children who dropped out of school because they needed to work to support the family economically (62%). A smaller percentage dropped out because they were isolated by their friends (3.0%), and another reason is that the children themselves did not want to go to school anymore (30%). This is a quite high percentage. Reasons can be associated with their psychological changes as mentioned above, which include sadness, fear for being stigmatised or discriminated against or being self- ashamed.

In summary, the biggest reason for the children to drop out of school was the need to work to support the family economically. Even for those who are still going to school may also combine it with working. This may be explained as that the children are showing their responsibilities as children according to Vietnamese culture. However, the timing for work spent by these children (especially in families directly hit by HIV/AIDS) is sometimes too much for the children to combine it with studying. For example:

One normal working day for one child after his father died of AIDS *Morning: from 7h-12h make cakes, helping mother to sell* *Afternoon: study from 1h to 4.45h* *Evening: Study from 7h-9h, but not too concentrated due to tiredness .*

The example shows that although the child is lucky to continue his schooling but she has anytime left for studying at home, not mentioning recreation or playing with her friends. Physical tiredness and other psychological impacts are likely to affect her study quality.

"Now my son of 15 years old is supporting me by go selling lottery ticket. My youngest child goes to school in the morning but in the afternoon she also goes out to sell lottery tickets. In general, our life is very hard. Two of my children are part- time lottery ticket sellers and one works full-time on this. Nowadays, there are many people selling lottery tickets so earning money is even more difficult. My little Hai (the boy of 15 years old) has to work until 2 o'clock in the morning. At about 2.30 AM, I would pick him up home for him to sleep and then at 3 PM he will continue selling. When the youngest one comes back from school, she will join her brothers and me.

Mrs. V, widow of an AIDS patient, Da Nang

In the meanwhile, apart from very limited support from the relatives, the families hardly receive any other support from the community or from any other sources. Details are in the table below:

Table 18: *Support sources to the HIV affected families*

sources of economical support for families	*Children groups*			
	HIV infected		*HIV affected*	
	No	%	No	%
From relatives	7	10.9	46	15.1
From communities	0	0	5	1.6
Others	1	1.6	1	1.6
No support	39	60.9	127	41.6
Don't know	9	14.1	52	17.0

(*questions of multiple choices for each interviewee*)

Apart from the above mentioned reasons for the children to quit education, in families with HIV/AIDS, the poverty or economic difficulties resulted from the disease has made it impossible for them to invest in further education of their children. Instead, when the children are big enough, they often send them to for apprentices (on for example shoe making, papermaking, sewing or carpentry) so that the children can quickly earn some money to support their families.

When my sister needed to go for detoxification, my parents had to sell out our house and went to live in a rented home. By then there was not enough money to pay my school fee so I did not want to go to school anymore.

H - 18 years old having a sister infected by HIV/AIDS

When my husband died I did not even have enough 200.000 dong to pay for the school of my son so I let him quit education. At the moment, he is on apprentice for becoming a carpenter.

A widow of an AIDS patient

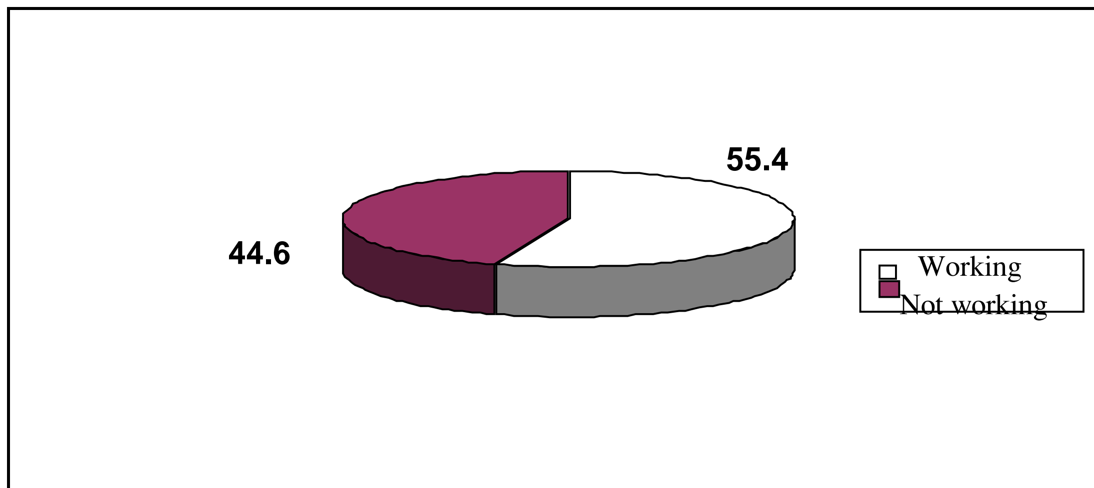
In short, the HIV/AIDS epidemic has made social, economical and psychological impact on the families and children. This resulted in limiting the access to education of the children those who are directly affected by the epidemic.

3. HIV/AIDS has made impact on the children's right to protection.

Similarly to many other international researches, this research found that children living in families with PLWA have to involve in various works including illegal jobs to earn an income. The children experienced labour and sexual exploitation.

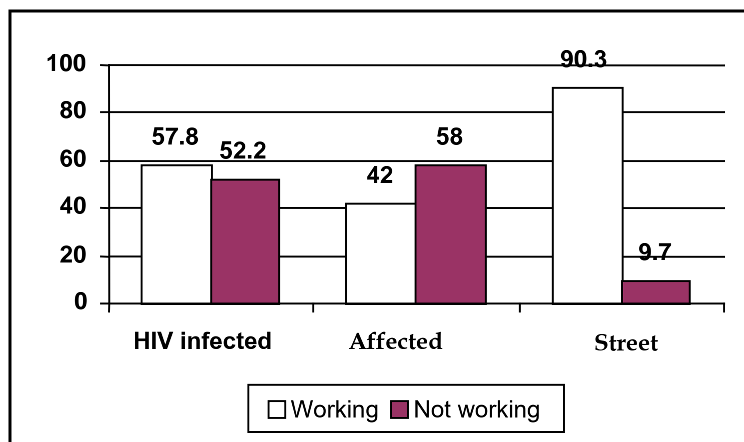
The research studied the level of involvement in income generation of the 3 children groups and the resulted are presented in the graph below.

Graph 5: ***Level of work involved by the researched children***



According to graph 5, there is 56.1% (267/482) of all the children involved in the research who are working. This rate seems to be quite high for their age. The analysis on the level of involvement in work per group (among 3 researched groups) shows the following results.

Graph 6: ***Level of work involved by each group of researched children***



The graph 6 shows that with their families there is 42 % of children in families with HIV/AIDS involves in various jobs to support their families economically. 57.8 %- infected children and up to 90.3% street children are still working. The research studied types of job that the children involved in and the results are as follows:

Table 19: ***The types of work involved by the researched children***

Daily work	*%*	*N*
Hired laborer/ free laborer	29.6	79
Shoe shine	21.0	56
Newspapers selling	10.1	27
Lottery ticket selling	16.5	44
Small vendor	1.9	5
Prostitution	6.4	17
Scavenging	2.2	6
Others	12.4	33
Total	100.0	267

One notable point from table 19 is that there is *6.4 % (17/267) of the researched children said that they involved in prostitution*. The results also show that most of the children's jobs are taking place on street. Some of their jobs may put them in higher risk of HIV infection, for example free laborers, scavenging, prostitution… or jobs that are prone to diseases, sexual and labour abuse and exploitation This means the children's right to protection is not fully ensured. The table below presents an analysis of the work that the children do, desegregated per researched group.

Table 20: ***Daily work per different groups of researched children***

Type of work	*Children group*					
	Infected		*Affected*		*Street*	
	%	No	%	No	%	No
Hired laborer/ free laborer	37.8	14	42.8	55	16.7	17
Shoe shine	5.4	2	11.7	15	37s.2	38
Newspapers selling	0.0	0	10.8	14	16.7	17
Lottery ticket selling	8.1	3	18.8	24	16.7	17
Small vendor	2.7	1	10.2	13	2.9	3
Prostitution	29.7	11	0	0.0	5.9	6
Scavenging	0.0	0	0.0	0	1.0	1
Others (illegal)	16.3	6*	5.7	7	2.9	3**
Total	100.0	37	100.0	128	100.0	102

*(Note: *5 children involve in robbery **robbery, prostitute broker)*

The above results and information collected from in-depth interviews or from focused group discussions confirmed that the most common job of these children is to work as assistant in small restaurant and some who are stronger can work as construction assistants. Another common job taken by many children is shoe shining and selling lottery tickets (21 & 16.5 %). Many of the researched children take on several jobs during one day such as selling lottery ticket combined with shoe shining or selling small things or they may sell lottery ticket during the day and in the evening selling sex. Most of these children belong to street children group.

In the research, there are 17 children (6.4%=17/267) are working as sex workers, including 11 infected children –(all females, 29.7%=11 out of total 37 infected ones who have to work) and 6 street children (one male and 5 females, 5.9%=6 of 102 street children working).

Out of 11 infected females working as sexual workers, there're 3 ones of 19 years old, 7 of 18 years, and 1 child of 17 years. Street children working as prostitute are at the age range of 16-18 years old.

Those street children who work as sex workers have already long on street. Most of the HIV infected child sex workers we met in Kien Giang province came from southwestern provinces. Some of them used to work in Cambodia as sex workers as well. In addition, there is 16.3 % of the infected children interviewed are working and 5.7 % of the affected children are involved in illegal jobs such as robbery and prostitution brokers....

Continuing with the table 20 above, there is 29.7 % of the infected children (37 children answered) are still selling sex. Follow-up in-depth interviews showed that most of them work in beer shops but does not have a salary. Their daily income is from tips or from selling sex. One of them said she has to pay percentage to a broker each time she sells sex.

Question*: Do you have to pay for those who introduced the customer to you?*
Answer*: Each time I sell sex in the shop I have to pay 30,000 dong for the owner or 50,000 dong if I spend whole night with somebody introduced by my 'friend'.*
One child sex worker in Kien Giang

Question*: Could you tell us your one typical working day?*
Answer*: I wake up at around 10 - 11.00 Am, then have lunch and then go to sleep again until 5.00 PM. If there is any customer, the owner will call me. I work from 6.00 till 12.00 PM but it also depends. Sometimes I work until 2.00 - 3.00 AM.*
H - 18 years - HIV infected currently works in a beer shop, salary 500,000 per month

This shows that these child sex workers experienced exploitation but they still considered prostitution as a job to earn their living and at the moment there is not other alternative. In further discussion with them, it revealed that they still continued to work as sex workers because:

- Some believe that HIV infection is fate. ' *I just think it is my fate to be infected*'. This shows that they easily accepted the status and would continue to sell sex.

- As mentioned in the general overview, most of the children come from poor families with lower education and many children.
- Prostitution brings higher income than other job
- Customers do not know their HIV status (in Kien Giang sex customers are many among the migrant workers, sea-farers or sailors).

> ***Question***: *Who are your customers?*
> ***Answer***: *Sometimes there are those who came here for business but mostly sea-farers.*

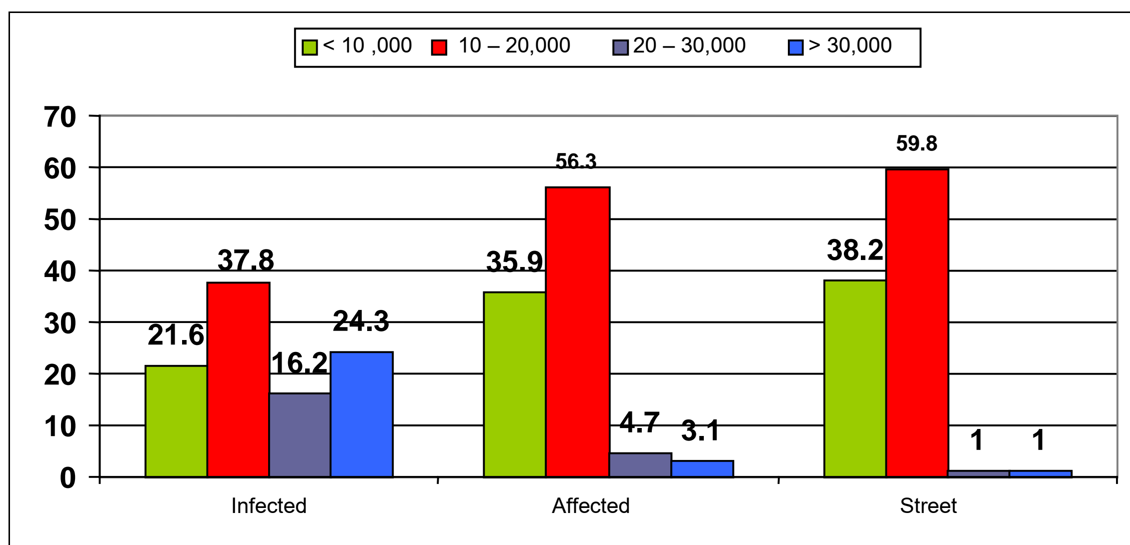
Regarding the average income of those children who work, the research shows as follows:

Table 21: ***Average income of the children who work***

Average income per day	*%*	*N*
Less than 10.000 dong	34.8	93
From 10.000- 20.000 dong	55.1	147
From 20.000- 30.000 dong	4.9	13
More than 30.000 dong	5.2	14

The table above shows that most of the children have low income. Those who earned more than 30,000 dong per day are very few (5.2%). Most of the children (55.1%) earned 10 - 20,000 dong per day. This fits the types of job that they involved in (as shown before). Up to 34.8% of these working children earn less than 10,000 dong/day.

The ***level of income*** of those researched children who work as shown bellow:



Graph 7: ***Distribution of income per group of researched children***

In comparison of the income by children in the 3 different groups, the infected children seem to have higher income than the other 2 children groups. The income level of course reflects the type of job they involved in (as mentioned above) so it is understandable why the infected children in the research have higher income than the other children interviewed. Among the 37 infected children who are working, 29.7 % involved in prostitution, 16 % involved in robbery or worked as prostitution brokers. These 'jobs' unfortunately often bring higher income. Almost 60 % of the street children group and 56.3 % of the affected children attain a level of 10 - 20,000 dong as income per day. However, the average income of less than 10,000 are quite common among all the 3 researched groups, with percentages analysed respectively as: 21.6; 35.9 and 38.2 percent.

The analysis on average income per type of work gives the results as follows:

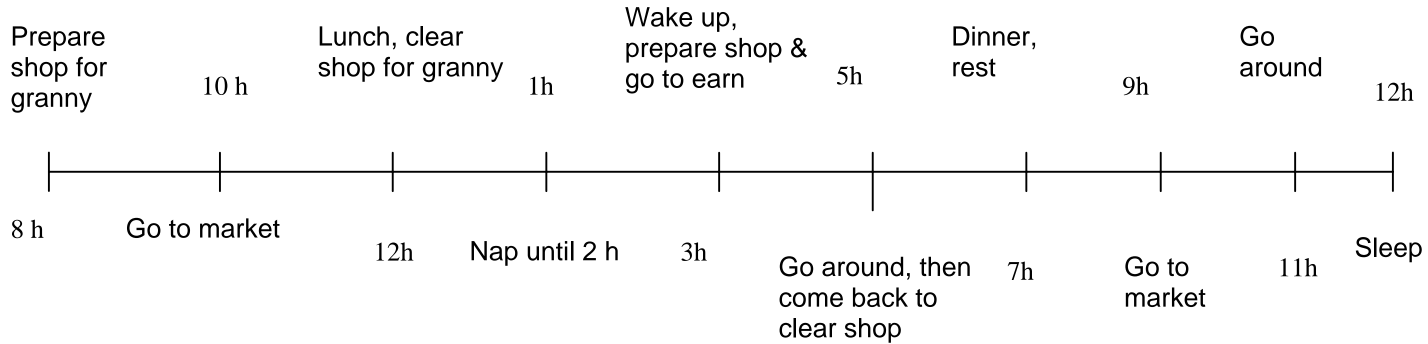
Table 22: ***Distribution of income per type of work***

Type of work	*Average income per day (1000 vnd)*				*Total*	
	< 10	*10 – 20*	*20 – 30*	*> 30*	**%**	**No**
Hired labour	50.7	32.8	16.5	0.0	79	100.0
Shoe shine	51.8	26.8	21.4	0.0	56	100.0
Selling newspapers	63.0	33.3	3.7	0.0	27	100.0
Lottery selling	77.3	11.4	11.4	0.0	44	100.0
Small vendor	480	20	0.0	0.0	5	100.0
Scavenging	33.3	66.7	0.0	0.0	6	100.0
Prostitution	0.0	0.0	53.0	47.0	17	100.0
Others	30.3	24.2	45.5	0.0	33	**100.0**

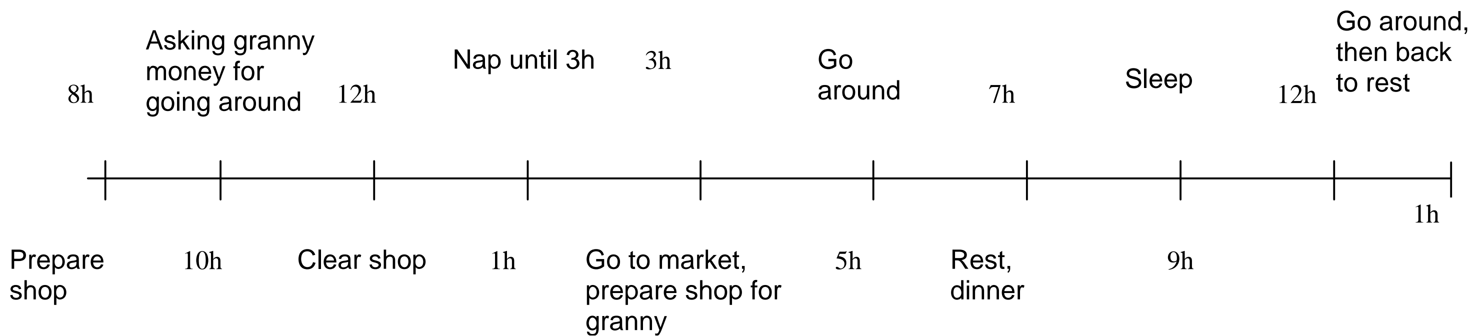
Table 22 shows that shoe- shining and newspapers selling seem to earn better. Unfortunately, the best income comes from illegal jobs such as prostitution and robbery/pick-pocketing. *This should be taken into account in the care and protection work for children*. Overall, the average income earned by children per day ranges from 10,00 to 20,000 dong. Only those involved in prostitution reported to earn higher.

The research studied daily time- use pattern of the children. The below are examples of the daily time- use by one infected child (18 years old) before and after knowing that he is infected with HIV/AIDS:

Daily time – use before HIV/AIDS infection (I)



Daily time-use after HIV/AIDS infection: Earning less money because of weaker health, being sad when knowing about the infection (II)



(Note: * Go around: go for drug injection ** Go to market: Go to pick-pocket)

The daily time- use given in the above example shows differences between the 2 periods – before and after knowing the infection. One notable thing is that the drug shooting was 2 time/day, and pick-pocketing was 2 times/day before knowing the infection. After knowing the infection, these 'habits" became *3 time/day, and 1 time/ day respectively.* The reduction in the latter is mainly due to the weaker health and the worries about the disease and the fear for being arrested by the police.

4. HIV/AIDS has made impact on the children's right to health care

To make an assessment on the impact of HIV/AIDs on the children's right to health care, the research studied *illness situation* (through which to assess the health care needs) of the children over the past month and *What service have they received.*

Results on the assessment on *the need for health care over the past month* are presented in the table below:

Table 23: ***Need for health care of the 3 researched groups of children***

Illness situation over the past month	*%*	*N*
Yes	20.3	93
No	76.3	350
Don't remember	3.5	16
Total	100.0	459

Table 23 shows that 20.3% out of 459 children have experienced some kind of illness over the past month, meaning one in every five children who experienced this.

The analysis on *the need for health care by each group of researched children* shows the following:

Table 24: ***Health care needs distributed per group of researched children***

Researched children	*Distribution of illness over the past month*						*Total*	
	Yes		***No***		***Not remember***			
	No	*%*	***No***	*%*	***No***	*%*	*No*	*%*
Affected children	50	17.0	231	78.6	13	4.4	294	100.0
Infected children	29	47.5	30	49.2	2	3.3	61	100.0
Street children	14	13.5	89	85.6	1	1.0	104	100.0
TOTAL	93	20.4	350	76.1	16	3.5	459	100.0

Not surprisingly the table 24 shows that *the HIV infected children has the highest rate of illness experience over the past month* (47.5%). This means they have higher need for health care compared to other groups of children involved in the research, i.e. affected children and street children (17.0% and 13.5% respectively).

Further analysis shows that the older children experienced more often illnesses in comparison to other children of smaller age and that girls have higher needs for health care than boys do.

The research also studied the types of illnesses commonly experienced by the researched children and the results are presented in the table below:

Table 25: *Common illnesses experienced*

N	*Name of illness*	*N*	*%*
1.	Coughing, flue/cold or fever	47	50.5
2.	Diarrhea	10	10.8
3.	Stomach ache but no diarrhea	11	11.8
4.	Pain or swollen joints	6	6.5
5.	Skin disease	8	8.6
6.	Disease on eyes, throat and nose	6	6.5
7.	Head-ache and sleepless	7	7.5
8.	Accident, burn	1	1.1
9.	TB	2	2.2
10.	Hepatitis	1	1.1
11.	STDs	3	3.2

(*Questions of multiple choices for each interviewee*)

Table 25 shows that there are 93 children out of those interviewed who had experienced some kind of illness over the past month of which 50.5% had common illnesses such as coughing, flue, cold or fever. Following up are stomachache (11.8%); and diarrhea (10.8%). There are only 2 who had TB symptom and both of them are HIV infected. Three other children who got STD are all street children.

This says *all interviewed children including HIV infected, HIV affected and street children have had needs for health care in the last month.* This suggests an importance to make more efforts in increasing this access to health care for these special groups of children.

To understand the ***possibilities for these children to access health care service,*** the research went on to interview *about the children's health seeking behaviors* and the collected results was already presented in the table 14. The table 14 shows that more than half (52.7%) of the children brought medicines home for self-treatment when they experienced illnesses. The rest was " let it gone by itself" (18.3%). The percentage of those who went to health service providers was very low (just about 10.8%) and among these the most common health service provider was the communal health station. This shows *the rate of children who use health services is very low.*

Through in-depth interviews, it is understood that the under- 5 HIV/AIDS infected children have received routine vaccinations as other kids in the community. However, when they have other illnesses, it depends on the family's capacity to pay so they can access health care service or not. In general, the families often buy medicines for self-treatment at home and thus *these children don't access adequate health care*

services when they need. The main reason is the impossibility of the family's payment for the service.

> *"When she has skin infection, or diarrhea I go to buy medicines from the pharmacist to treat her. Sometimes, she has more serious illness and also want to bring her to the hospital but I don't have money for that."*
>
> Caregiver to an HIV infected child in Hai Phong

Some of the caregivers we met did say that they had had instructions from the local health workers or local HIV/AIDS specialist on how to take care of the HIV infected children at home.

For those children who got HIV/AIDS through drug infection or prostitution, their access to quality health service is also limited largely because of their poor capacity to pay for such service. Their common solution to their illnesses is still to buy medicines for self-treatment or let it gone by itself.

> *"You know, all I earn, I have to "feed my blood" (injecting drug). The other day I got STD from having sex with a street prostitute and I went to a clinic but the treatment was too expensive – 120,000 dong. I did not have enough money. I asked one of my uncles for it but he did not give me the money so I just let it like that. Now, sometimes I still have burning feeling when passing urine..."*
>
> M – 18 years old, drug user and HIV infected
>
> *Question: How is your health?*
> *Answer: I feel weak, I cough all day and have diarrhea. Sometimes I feel even too weak to eat. Mostly it is my grandmother to buy medicines home for me.*
>
> T, 18 years old, drug user and HIV infected

Although the children who involved in prostitution can afford health care service but they hardly come to the health service provider both private and state owned. The biggest obstacle, according to them, was the fear for being discriminated against or fears for others to discover their situation or health status. This was already discussed under the section on stigma and discrimination.

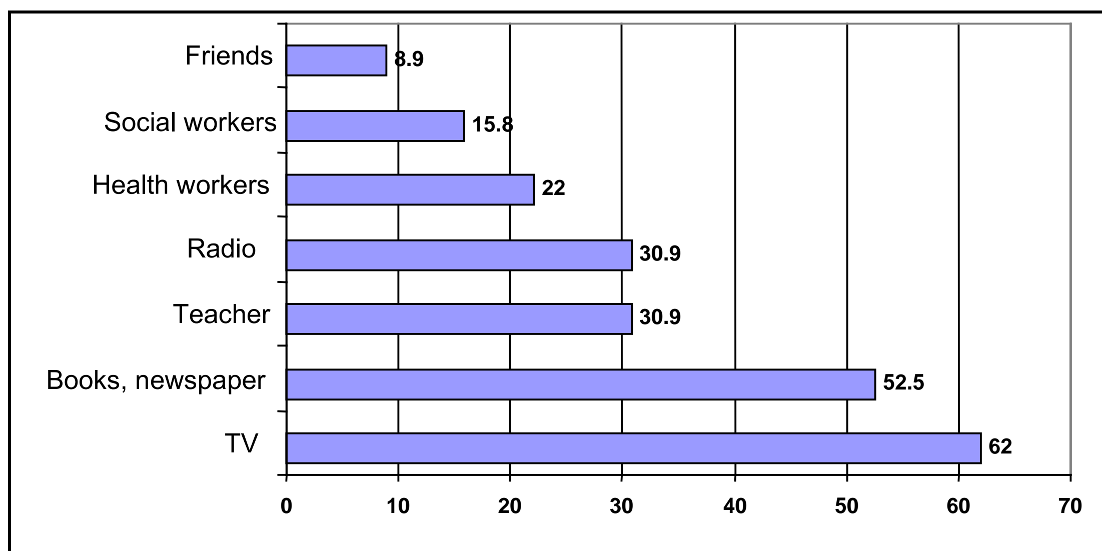
In fact, the health care for HIV infected children who are living in institutions seems to be much better than for others who live outside. They receive appropriate health care treatment when there is any symptom of illness. In these institutions, there are enough medicines for common illnesses and there are professional health workers who are working there.

In short, the research results show that HIV/AIDS has negatively affected the right to protection of the children. Some children have to drop out of school, have to work and even have to involve in work that are risky such as prostitution or prone to exploitation and abuse. They often don't access to health care services when needed.

V. HIV/AIDS'S IMPACT ON CHILDREN'S RIGHT TO PARTICIPATION

Children's right to participation includes the right to access to appropriate information which is necessary or useful for their normal development (in this case, for example it is the information about HIV/AIDS prevention), the right to free expression and the right to involve in making decisions on matters that concern them. To understand about the access to information for the researched children, the research studied on sources providing them with HIV/AIDS

1. Information channels on HIV/AIDS according to the 3 researched groups of children



Graph 8: ***Channels to provide HIV/AIDS information for children***

The above information suggests that most of the researched children could access to HIV/AIDS information through mass media such as TV, radio and publications. Among these, the most popular channel is TV (62.0%); running up is books/newspapers/ leaflets (52.5%); teachers (30.9%); and radio (30.9%). While direct communication proves effective in helping to change behaviors and to maintain safe behaviors, the number of children who received information from their teachers was only 30.9% or through social workers were only 15.8%. Reasons may include the mobility among the street children and also those who are infected with HIV, thus it is difficult to access them as the number of social workers is limited and that many of

the researched children already dropped out of school, thus they could not receive information from teachers.

Further in-depth interviews suggested that many of the HIV affected children (those who live in families with PLWA) searched themselves for documents and materials on HIV/AIDS.

> *Before my sister got it (HIV) I was not interested in it but when I discovered my sister's infection I often looked around for information when I go out with my friends or from watching TV programmes.*
>
> H 18 years, having HIV infected sister

2. Level of the children's perception on HIV/AIDS

The research studied the *level of perception* on HIV/AIDS by the 3 groups of researched children through *understanding their knowledge about HIV/AIDS*.

Theoretically, if the children understand about the transmission routes and ways to prevent HIV/AIDS infection, they are in better position to orient their behaviors as well as to form positive attitude towards PLWAs or they could prevent themselves from infection through taking care of their infected relatives.

When asked the question *"What ways HIV can be transmitted"*, the research results were quite positive and they are presented in the table below:

Table 26: *The children's knowledge about HIV/AIDS*

Knowledge about HIV/AIDS transmission routes	*%*	*N*
Through blood transfusion	12.4	60
Sharing needles/injecting drugs	83.2	401
Unprotected sex	72.6	350
Mother – to – child transmission	47.9	231
Direct contact with blood/body fluid from PLWA	31.1	150s
Sharing shaving equipment	21.0	101
Sharing tooth brush	18.3	88
Sharing clothes with PLWA	2.9	14
Sharing room with PLWA	1.7	8
Kissing PLWA	0.0	0
Shaking hands with PLWA	0.0	0
Eating with PLWA	0.0	0
Others	0.0	0
Don't know	1.0	5

(*Questions of multiple choices for each interviewee*)

Table 27 shows that the majority of the children in the research (82.3%). understand that sharing needles or injecting drugs have high risk to HIV infection. Running up in

percentage is the confirmation of connection between unprotected sex and HIV/AIDS infection (72.6%). In addition, 31.1% of the children voted for the choice of "direct contact with blood and body fluid of PLWA and 47.9% voted for the answer on mother – to – child transmission.

Other risks such as sharing shaving equipment or toothbrush were also voted by the children but with lower percentages (2.9% and 18.3% respectively) .

There were 8 and 14 children respectively who understood that sharing clothes with PLWA could lead to HIV infection. Although this is a small number compared to the number of children who answered correctly on transmission routes but this should be taken into account, *as such "incorrect understanding may increase stigma and discrimination against PLWA, especially by those who are living in the same house with PLWA.*

There were 5 of the children who did not know anything about HIV/AIDS transmission routes. They are all 5 girls from the street children group. Three of them are at the age from 10 –14 and 2 from 15 – 17 years old.

Further analysis on the basic understanding of the children (distributed per researched group) on HIV/AIDS transmission routes gave the following results:

Table 27: ***Knowledge on HIV/AIDs transmission (distributed per group)***

Correct knowledge	*Children groups*					
	HIV infected		*HIV affected*		*Street children*	
	No	%	No	%	No	%
1 route	5	7.8	16	8.9	11	9.7
2 routes	11	17.2	37	20.7	34	30.1
> 3 routes	42	65.6	104	58.4	47	41.6
Wrong knowledge	6	9.4	22	12.1	21	18.6
Total	64	100.0	178	100.0	113	100.0

From table 28, it suggests that the percentage of children (from all 3 groups) who knows about 3 routes of transmission is higher than those who just know about one or 2 routes of transmission. There is a slight difference between the understanding among the different groups. For example, 65.6% (42/64) of the infected children could list down 3 routes of transmission in comparison to 58.4% (104/178) among the affected children and 41.6% (47/113) among the street children involved in the

research. Only about less than 10% of the children in each group who know only one route of HIV transmission.

The analysis on the children's understanding on HIV/AIDS prevention methods presented the following results.

Table 28: ***Knowledge on HIV/AIDs prevention methods***

Correct understanding on HIV/AIDS prevention methods	*%*	*N*
No share needle/ no inject drug	78.4	378
Use condom when having sex	62.0	299
Be faithful to one partner	38.0	183
Not share shaving equipment	22.8	110
Not share tooth brushes	19.9	96
No sex	16.4	79
Safe blood transfusion	18.3	88
Avoid contacting PLWA	11.0	53

(*Questions of multiple choices for each interviewee*)

Table 28 shows that most of the children know the 2 basic methods of preventing HIV/AIDs infection which are separate use of needles/not injecting drugs (78.4%) and use condom when having sex (62.0%). The percentage of those who got wrong answer on prevention method such as avoid contacting PLWA is low: 11%.

From the analysis, the research finds that the "existence" of HIV in the family seems to promote the children to look for better understanding on HIV/AIDS. Such knowledge was found better among the HIV infected and affected children than the street children involved in the research.

VI. CHILDREN'S CONCERNS AND WISHES

Within the framework of this research, study on the children's concerns and wishes was made to gain background information for forming some of the recommendations on possible interventions which are appropriate to the children and their families. Results from such study are presented in the table below:

Table 29: ***Common wishes among the children groups***

What do you wish for your coming time	*%*	*N*
Continue to go to school	31.3	151
Free health care and treatment	14.9	72
Being cared for and get treatment at hospitals	4.4	21
Vocational training and employment	55.4	267
Stable living place/ home	11.8	57
Financial support/ loan fund to family	24.7	119
More attention from the family	13.3	64
Not being isolated by friends and other people	23.3	64
No wishes	1.7	8
Availability of HIV/AIDS curative medicines	30.3	146

(*Questions of multiple choices for each interviewee*)

The biggest wish among the children were to access to vocational training and having a stable employment (55.4%) so that they can feed themselves. Clearly this is a very adequate wish which is also appropriate to the CRC. Other running – up wishes include continuity of schooling (31.3%). This fits very well with the CRC, with the Government's concern and with the general interest of the families. This is therefore obviously a proper and important point to take into account. Especially, there are over 30% of the children who wished to have curative medicines for HIV/AIDS. This is a very important concern especially among the HIV infected children. At another aspect, this is their daily concern that goes along with their regrets for their "uncontrolled" moments which made them infected with HIV. The wish to have curative medicines also means the wish to be healthy and to be able to lead a normal life. For those children who are infected with HIV, it is more difficult for them to integrate with the community. Without appropriate psycho- social support, there would be more likelihood that they remain negative thinking/attitude and thus would continue illegal jobs as they thought "their life is not long any more". For some children, especially those who are infected with HIV through prostitution, their life ahead is the time for them to "accumulate" and to gain as much as money to support their families.

"My parents don't know yet about my status (HIV infection). I still remit money to them every month and I also save money with my "boss" so that in case if something happens to me there will be money available to cover"

One female prostitute - 19 years old from Kien Giang

Another wish from the children involved in the research, which should be considered by all of us , is the wish not to be isolated by friends and other people (23.3%). Although they are still children but up to 24.7% of them wished that there would be financial support such as loan fund to their families so that they could earn their living. Clearly HIV/AIDs epidemic made them more matured than their natural age and made them think more for adults in the families as well.

When applying some of the participatory research tools (such as ranking and prioritizing concern/wishes – see more details in the annex) on group of children who are HIV infected but already stopped using drugs (in HCMC) and one group of children who are HIV infected and continue to use drugs (in Hai Phong, the research found differences in their wishes.

For those infected children but still using drugs

Ranking	***Content***	***Reason for ranking***
	Availability of Treatment medicines	*This is our wish*
1	*Wish to have free services for detoxification, blood test and health care for HIV infected children.*	*As mobile living very much needs free detoxification and health care services*
2	*Wish to have fund to support HIV infected children*	*We need such fund to support us during difficulties*
3	*Having more social workers and health workers to reach street children for HIV/AIDS IEC.*	*As we live mobile so there should be places for us to gather and know more HIV/AIDS*
4	*Support to HIV infected children to reintegrate into community*	*We want to be treated normally as with other kids*

For those HIV infected and drug users in Hai Phong, the first thing they wished was to have detoxification service, blood test and free health care service for HIV infected children. Another wish was to have a fund to support poor children and children infected with HIV. This seems to be a big issue which needs to have wider support from the society for it to work out. In addition, they also wished to gain more support from the society, having more health and social workers to help them improving their HIV/AIDS knowledge or to help them overcome self - stigma and discrimination or being treated as with other kids and support for them to re-integrate into communities.

For those HIV infected children but already stopped drug use

Ranking	***Content***	***Reason for ranking***
	Availability of Treatment medicines	*This is our wish*
1	*Support to HIV infected children to reintegrate into communities and reduce discrimination*	*We want the communities to understand that we are the victims of the HIV/AIDS epidemic*
2	*Wish to have opportunities to have stable living and studying conditions*	*We wish that all HIV infected children like us to have a loving place to live and to study*
3	*Wish to have fund to support HIV infected children*	*To support other HIV infected children*
4	*Wider media communication on risks to HIV/AIDs infection.*	*We wish that the people and especially the children understood better about HIV/AIDs.*

Most of the children who are infected with HIV and no longer use drugs in this research lived in social shelters as their second home where they could have opportunity to study and involve in HIV/AIDS prevention programmes. They do really want the communities to have correct understanding about them. Actually they have been the victims of social problems. They don't only wish for themselves but also wish that other children would understand more about HIV/AIDS, having places to live and to study and to enjoy loving care from families and communities.

Part III: CONCLUSION AND RECOMMENDATION

I. CONCLUSION

The research on socio- economic impact of HIV/AIDS epidemic on children in Vietnam was carried out according to planned. The research team used the 4-child right programming principles as the framework for its field research and analysis. This framework was also used to show to the impact of HIV/AIDS on children in Vietnam, through the groups of children who are directly affected by the epidemic and those who are living in the environment which is prone to those impacts.

1. The research shows that HIV/AIDS epidemic has impacted on the groups of researched children on different issues and at various levels

- In general HIV infected and affected children are living in difficult situation both materially and mentally. Many of them can not enjoy family benefits as other children do. Some of them are refused family care since their birth. The number of abandoned and orphaned children in relation to HIV/AIDs is in the tendency of increasing. Most of research children are born in families with more children, esp in those with their parents or their relatives being infected with HIV or died of AIDs, resulting in their situation of homelessness. Many of them do not have any relatives to rely on. Many families have declined economically due to problems in relation to HIV/AIDS infection. The structure of many families has been disturbed which made many of the children having to live away from their parents or without their parents to live with. Clearly, HIV/AIDS has taken away the right of the children to have their best interest met.
- Many children have good knowledge of HIV/AIDS (66% of them know 3 transmission routes)…, but they receive just a little from official sources, and don't get regularly educated in a formal system. Many of the children who had to stop schooling at primary or junior secondary level. Some of them even never have the chance to go to school. All of them want to go to school but due to many reasons including poverty and discrimination, many of them have to 'abandon' such proper wish. .
- Stigma and discrimination has been reduced over the past few years. However, this remains a big challenge as stigma and discrimination against PLWA is still very serious and popular in many places. Children who are

infected and affected by HIV do suffer from stigma and discrimination or from the consequences of those. This does not only negatively affect the children themselves but also their caregivers. Because they can't afford necessary social and health services, and due to impacts of discrimination and fear of being known own health status, only a few (10%) children can access to health services, even if they are really in need. It is obvious that HIV/AIDS epidemic has led to the absence of child rights of health care

- The children don't have protection when they live away from their families. There have been reported efforts made by local government or some social programmes, however the protection of these children remains a complicated social issue. Especially that they are facing many risks of labour and sexual abuse as well as prone to social problems and HIV/AIDS's attacks.

One considerable point is that children involved in prostitution continue to work as sexual worker. with increasing number. Those who are injecting drugs are still using drugs. In addition, regardless of their HIV status, many of the children continue to practice unsafe behaviours. Thus it is unavoidable the increasing risk of HIV/AIDs infection among the children and in the wider community. Without a comprehensive and progressive HIV/AIDS programming for children and young people, the number of HIV/AIDS infected children would definitely be increasing.

In summary, although the Government, local authorities and national as well as international organisations have been making various efforts to ensure the best benefits for the children, HIV/AIDS epidemic however has made many negative impacts, making it more difficult to fulfil many rights of the children. Especially that HIV infected children and those who live in environments which are prone to HIV/AIDS impacts are already more vulnerable than other children of the same age. In general, HIV/AIDS epidemic has negative impacts, specifically on the fulfilment of children infected and affected by HIV/AIDS., even some of the basic rights such as right to survival and development, right to be protected from discrimination and the right to participation. It is urgent now to make interventions.

2. **Reasons** for the above mentioned situation are those rooted from poverty; from low education, from the increase of social problems, existence of stigma and discrimination against PLWA and the limited programme interventions targeting children who are infected and affected by HIV/AIDS.

- The research analysis shows that the increase in number of children infected and affected by HIV/AIDS has linkage to the increase of the

number of drug users and sex workers, which contributed to the increase of PLWAs. Such increase has made strong impacts and negative consequences on the children.

- There are still a lot of gaps in social programming and management, which led to lack of general interest in programming for children infected and affected by HIV/AIDS. The lives of these children are in many difficulties and especially are put into insecure situations. This is one of the issues, which needs to be intervened as soon as possible.
- In addition, as long as the stigma and discrimination against PLWA exists, the HIV infected and affected children continue to suffer from many consequences of these. Many of their rights are not ensured, unless adults, the communities and the local authorities are making practical efforts to protect them.

3. Some drawbacks of the research

- The research is a cross – cut research and it was just concentrated in urban areas of the 5 provinces not including rural and remote areas. There have no track – research over the past years in different locations on certain groups of research subjects. The collected information therefore may only be valuable for the present time.
- During the field research, it was very difficult to access and collect information from the HIV infected children as mentioned in the introduction part of the report. Although, the research team has tried its best and already made solutions for problems they met in the field, the sample size of HIV infected children remains small.
- The research expectations don't meet with the timing as well as financial capacity allocated to the research.

II. RECOMMENDATIONS

Based on the research findings, the research team would like to propose the following recommendations:

1. To the Government

- Consider the development of concrete policies and instructions to concerning ministries and local authorities regarding support to families with PLWA including children infected or affected by HIV/AIDS. Leadership

should be given to coordination of the different socio- economic programmes at each location. Practical programmes such as credit, job creation should be given priorities to families with poverty, with and PLWAs. Support should be given to care and education for HIV/AIDS orphaned children. Psycho- social support programmes are to be available for HIV infected children and HIV positive mothers to gradually prevent abandonment of children in relation to HIV/AIDS.

- Strengthen the residential management at commune level in order to minimise the number of HIV infected children to become street children. Such management should be strengthened at both sourcing and receiving locations.

2. To the National Committee for AIDS, drugs and Prostitution Control (National Committee), Ministry of Health, central mass organisations and the local AIDS control agencies.

- Consider children as one important target for any HIV/AIDS prevention and support programme. Protection of children from HIV/AIDS impacts should be prioritised in the AIDS control intervention by the local authorities.

- Strengthen the Information, Education and Communication on HIV/AIDS by developing child – oriented activities with aims to protect children in the world with HIV/AIDS. Emphasis should be given also to education the general public, especially priorities to be given to locations where stigma and discrimination against PLWAs is strongly experienced.

- Enhance the role of mass media and the IEC systems available with different agencies at different levels to generate more positive public attitudes towards HIV/AIDS infected children and their families.

- Develop and realise systematically ‘assistance fund of AIDS prevention’ in all levels, and set up the network of ‘child-focused AIDS prevention fund’

- Coordination between MOH, MOLISA, Ministry of Police, MOET, CPFC and other concerning agencies to mobilise national and international communities to develop practical programmes on care and support for children infected and affected by HIV/AIDS.

- More leadership should be given to the development of community-based care and support for children infected and affected by HIV/AIDS. Advices should be submitted to the National Government to develop concrete

policies to maintain and develop further proven models of care and support for children, such as children club, open- house, affectionate house, young pioneer HIV/AIDS peer education groups, friends help friends or child- to-child clubs, etc.

- All efforts should be given to help the children continuing their education. The children should also be given regular health check up. Smaller children are to be vaccinated. Favorable conditions should be created for the children to access basic social services, recreational and other social activities for them to be able to integrate with other kids in the communities. Reinforcements should be made at local levels for these children to be able to benefit from social welfare programmes such as school free exemption, free health insurance, etc, like other vulnerable children do.

- Strengthen voluntary counseling and testing service, including mobilisation of pregnant women to use such service in order to gradually reduce the number of HIV infected infants.

- Support and encourage home and community based care and support for HIV infected children. Counseling for the families on children's rights, children's psychology and children's capacity, etc so that they can be more opened to their children, actively prepare their children and make appropriate planning for the children's future in order to minimise the negative impacts on the children when their care- givers passed away of AIDS.

3. To the International Save the Children Alliance in Vietnam

- Further research should be commissioned to cover more provinces including rural, mountainous and coastal areas. Longitudinal research should be supported to track the development on certain groups of research subjects along side with practical programming work at community or commune level for the duration of at least 3 – 5 years.

- Support workshops to facilitate sharing and learning about HIV/AIDS work with children in general and with children infected and affected by HIV/AIDS in particular. These should all aim at promotion of fulfillment and protection of children's rights.

- Collaborate with social activists, international organizations to hold and facilitate children's activities such as opportunities for different children

groups to exchange their experiences and to learn from each others. More opportunities should be supported for children representatives from different parts of the country to raise their concerns and views to the policy makers, to other children and to other people in the communities.

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