



BEYOND BORDERS

Migration and the Affects of HIV/AIDS
on Southeast Asian Children & Youth

Child-Centred
Care and Support Guidelines
for Community-Based Organisations



Centre for Global Studies
University of Victoria

Interagency
Coalition on AIDS
and Development



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et développement

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The purpose of ICRD is to promote the implementation of the UN Convention on the Rights of the Child (CRC) through research and education that informs policy and practice supporting children, their families and communities. ICRD works in partnership with diverse development organisations, governments, UN agencies, and children and youth.



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ICAD's aim is to lessen the impact of HIV/AIDS in resource-poor communities and countries. We are a coalition of Canadian international development organizations, AIDS service organizations and other interested organizations and individuals.



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INTRODUCTION

As we enter the 21st century, significant achievements have been made with respect to children's survival and development. Over the last 10 years, the world community, with the exception of 2 countries, has not only ratified the UN Convention on the Rights of the Child (CRC), but has produced national action plans to support children and developed mechanisms to monitor and assess children's rights. Great advances have been made concerning child health and welfare. Immunization rates have improved significantly, mortality rates in children under the age of five have decreased, and there have been major advances in childhood nutrition. Additionally, awareness of the need to protect children from exploitation, abuse, and war has increased. The world community is beginning to see that children not only have needs, but more importantly, that they have basic rights that must be realised in order to ensure their well-being and dignity.



Despite these overall gains, however, many children continue to live in the shadow of this success. In many Southeast (SE) Asian countries, rights of minority children are violated. Many of these children and youth are exposed to trafficking (involuntary movement and sale of people), sexual exploitation, drug abuse, exploitive labour practices, and a high risk of HIV infection and

vulnerability due to the death of parents and/or guardians from AIDS related illnesses. Increasingly, research is showing that widespread migration in SE Asia exposes already vulnerable children to the socially disruptive affects of the HIV/AIDS pandemic. The result is the erosion of important gains in life expectancy and child survival made during the most successful decade of children's rights.

According to recent estimates, one-tenth of people newly infected with HIV in 1998 were under age 15 (UNAIDS, 1998). Since the start of the pandemic, more than 5.7 million children under the age of 15 years have become infected with HIV and more than 4.3 million of them have already died of AIDS (UNAIDS, 2000). Uninfected children do not necessarily escape the affects of the HIV/AIDS pandemic. In 1990, AIDS accounted for 16.4% of parental deaths leading to orphaning. By 2010, it is estimated that the number will rise to 68.4% (Hunter & Williamson, 2000).

The human and social cost that these estimates represent are staggering. The challenge faced by children, families, communities, and their governments in managing the impact of HIV/AIDS will be enormous. And their message is unmistakable: the world community must unite in compassionate response and support.

Hunter & Williamson, 2000

THE AFFECT OF HIV/AIDS ON CHILDREN IN SOUTHEAST ASIA

It is clear that HIV/AIDS is now a global issue for children. When comparing rates of HIV infection and AIDS related deaths in Asia and Africa, it appears that the percentages in SE Asia remain relatively low. However, these statistics do not reflect the larger population of SE Asia and the fact that Asia is presently at an earlier stage of the pandemic. In reality, the number of children infected and/or affected by HIV/AIDS in SE Asia is very high. USAID predicts that by the year 2005, there will be close to 2 million orphans in Cambodia, Myanmar, and Thailand alone. When one examines the statistics for AIDS infection and/or affection for migrant children, the figures paint an even more disturbing picture (Hunter & Williamson, 2000).

SE Asia differs greatly from Sub-Saharan Africa, socially and culturally, and therefore, the factors contributing to children's vulnerability to the affects of HIV/AIDS and the violation of their rights differ.

Some factors that contribute to children's vulnerability in SE Asia include:

- ◆ Migration;
- ◆ Living on border areas;
- ◆ Belonging to an ethnic minority;
- ◆ Lacking citizenship and birth registration;
- ◆ Intravenous drug use;
- ◆ Amphetamine use;
- ◆ Commercial sex work; and
- ◆ Trafficking (involuntary displacement and/or sale of people from one place or country to another into undesirable and unsafe situations).

MIGRATION AND HIV/AIDS

Many children are at risk of becoming infected and/or affected by HIV/AIDS due to the growing phenomena of migration and trafficking that exists in SE Asia. Migration of parents and children and youth is extensive and is being fuelled by such factors as the rapid change in economics, ethnic conflict, environmental degradation, and relocation of highland villages into lowland territories. Many of these communities are comprised of ethnic

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minority peoples. These populations are often impacted by discrimination. This places an added burden on children's vulnerability to issues such as poverty due to factors such as lack of citizenship, harassment, and social marginalization.



Migration across the borders between Thailand, China, Myanmar, Lao PDR, Cambodia, and Viet Nam, with the majority of people destined for Thailand or China, is a common phenomenon that is drastically altering the form and well-being of many Asian families. Many young people see migration as a means of improving their families' economic situation and quality of life. Civil war, economic hardship, forced relocation, and land confiscation combined with forced labour, and constant extortion leave citizens vulnerable. They therefore seek physical and economic safety in other countries or regions. Political stability, the higher value of Thai currency and per capita incomes, labour market demands, and convenient border accesses pull many toward Thailand. Others decide to go to China in an attempt to benefit from high labour demands in certain economic sectors.

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The need and desire to migrate leaves young people vulnerable:

- ◆ to persons wishing to capitalise on their vulnerability, thus charging exorbitant fees or delivering them into hazardous situations;
- ◆ to exploitive living and working conditions;
- ◆ to being trafficked; and
- ◆ to drug addiction, all forms of abuse, and the contraction of HIV/AIDS.

When young people decide to leave their community, they typically make their way to border towns, such as Ruili, Mae Sai, and Myawaddy. Some travel with their families, while others go alone. In the border towns, many of these young people and the children (orphans and children living with migrant families) are forced to work in the brothels, the drug/amphetamine (“ya ba”) trade, or to survive as beggars. While some migrants remain in these border towns, others find work in host countries through brokers or friends and family. This work is often exploitive, and working through brokers frequently creates life long debt, as the brokerage fees are very high. Other young people, especially young migrants travelling alone, girls, orphans, and children migrating with their family, are often taken unwillingly (trafficked). In many cases, they are drugged or lured into situations where they are then taken to another country or location and sold for profit to brothels and other illicit organisations. The distinction between migration and trafficking is often blurred, as many of these young people migrate to the border areas willingly, but are then taken unwillingly (trafficked).

In general, there are four migration and HIV/AIDS related populations of children and youth that require comprehensive care and support. Movement back and forth between these categories is common, thus the divisions between populations are fluid. The distinctions are helpful, however, in devising care and support strategies.

Population I:

These are the children and youth whose parents have migrated in an attempt to better their financial opportunities while leaving their children in their home community. Many of these parents enter into dangerous and/or abusive situations where they may become infected with HIV/AIDS causing them to die separated from their family or return home when ill. This leaves children at home at great risk. Without healthy parents to care for them, their poverty



increases while their emotional and practical support decreases. This further increases their vulnerability to contracting HIV/AIDS, to being trafficked, and of migrating themselves.

Population II:

These are the children and youth living in border communities, who are in the process of migration. Their vulnerability stems from their lack of traditional family and community support and the constant exposure to various risks and abuses, including drugs, alcohol, gangs, brokers and agents, and the necessity to take on harmful work (for example, sex work, begging, drug trafficking). In many situations, these children support younger siblings, ill family members, and/or their own children, and thus carry a “hidden” burden of vulnerability.

Population III:

These are the children and youth who are involuntarily taken to other locations or countries (trafficked), usually into situations of great risk to their well-being (for example, child prostitution, sweat shops, leech feeding farms). They have no control over their situation and are therefore extremely vulnerable to HIV/AIDS.

Population IV:

These are the children living in foreign countries in “invisible” communities. Because they are illegal immigrants, children living in these communities usually remain hidden to protect themselves from local authorities. The lack of a citizen registration card also restricts their access to education, medical care, or any other basic services. Many of these children and youth are forced to work long hours in harmful jobs. Some end up abusing drugs, alcohol, or other substances, such as glue to cope. This further increases their vulnerability to HIV infection and perpetuates a cycle of risk to HIV contraction.

Considering the vulnerability of these children and youth and the many risk factors they face, it is not surprising that HIV/AIDS infection rates and subsequent affects are growing the fastest in migrant populations. These children remain in the shadows of successful HIV/AIDS education, prevention, and support programs in certain SE Asian countries. They receive minimal attention, partially due to the complexity of their situation, and a lack of understanding about how to support these children who live “beyond the borders of safety.” Therefore, it is critical that a

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comprehensive response among families, communities, and governments is developed. This response needs to be holistic, incorporate prevention, and care and support and foster cooperation between the various levels of government, intergovernmental agencies, and local and international non-governmental organisations (NGOs). By implementing an integrative and multisector approach, these vulnerable children and youth can be provided with a “continuum of care and support” that supports their right to healthy development in a protective and supportive environment.



GUIDELINE OBJECTIVES

These community guidelines are designed to:

1. Assist agencies in developing holistic responses to the affects of HIV/AIDS on children and youth. They target the situation of vulnerable children in SE Asia in four phases of migration with respect to HIV/AIDS and provide concrete strategies to address children’s vulnerability;
2. Empower community field workers, local government representatives, and young people to support children and youth infected and/or affected by HIV/AIDS, and their families and communities by using a rights-based approach that stresses the importance of families and communities in all aspects of the child’s life;
3. Provide field workers with the tools and strategies to engage children (and their families and communities) to become active participants in building solutions;
4. Outline methods to build on cultural values supporting children in order to bring about the political and social changes needed to ensure that each child is allowed to live a safe and fulfilling life with dignity; and
5. Create a “continuum of care and support” that develops a stronger civic response in supporting vulnerable children and youth.

Specific areas covered in the community guidelines include:

- ◆ A discussion of a rights as opposed to a needs based approach;
- ◆ A rationale for involving family and community members in finding solutions;

- ◆ Suggestions on how to implement a rights-based approach in supporting children affected by HIV/AIDS;
- ◆ A presentation of a “continuum of care and support” for children and young people infected and/or affected by HIV/AIDS including municipal and local government responses;
- ◆ Methods for facilitating meaningful participation of children and young people in all aspects of their lives;
- ◆ Strategies for using traditional cultures to support children and young people infected and/or affected by HIV/AIDS; and
- ◆ Techniques to facilitate community decision-making that lead to positive action.

Throughout the document various tools have been used to facilitate a better understanding of the concepts presented. These include:

- ◆ Key questions for participants to consider to facilitate a more personal understanding;
- ◆ Comments, examples and useful tools from the field to provide life examples; and
- ◆ “Check lists” to help participants target specific community-based goals in supporting children affected by HIV/AIDS and migration.

Complimentary research guidelines that outline the reality in Southeast Asia in relation to HIV/AIDS and children, and the necessary steps to assist local communities in carrying out their own participatory action research are also available. (“Filling the Gaps: Research Report” at www.uvic.ca/icrd; or www.icad-cisd.com)

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A RIGHTS-BASED APPROACH TO CHILDREN AFFECTED BY HIV/AIDS AND MIGRATION

Rights-based programs address all aspects of a child's life.

A rights-based approach assumes that all human beings, *including children*, should have equal opportunity to realise their full developmental potential. This approach supports the concept that all children, regardless of gender, race, religion, ethnic status, or any other difference have a basic right to life with dignity. Rights-based programs address all aspects of a child's life (for example, basic survival through psychosocial needs). They are holistic and inclusive. Thus, they do not single out "AIDS Orphans" and are often part of larger strategies that focus on all children within the context of family, community, and culture. They also see children and youth as active participants in finding and creating solutions.

Many previous models of care have promoted a "needs approach," which focused on meeting or satisfying basic needs. These were often based on pity or charity as opposed to support for children as full human beings.

Rights Approach

Rights are realised

Rights always imply duties and obligations

Rights are universal

Rights can only be realised by attention to both outcome and process

All rights are equally important

For Example:

20% of children's right to be vaccinated are violated

Needs Approach

Needs are met or satisfied

Needs do not imply duties or obligations

Needs are not necessarily universal

Basic needs can be met by goal or outcome oriented strategies

Needs can be ranked in a hierarchy of priorities

For Example:

80% of children are vaccinated

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Steps to using a rights-based approach as a framework for intervention include:

- ◆ Identifying unmet basic needs of children;
- ◆ Identifying the cause of the problem; and
- ◆ Identifying people, organisations, or systems that have duties to respect, protect, facilitate, and fulfil these unmet needs.

Interventions and strategies based on this analysis should:

- ◆ Empower caregivers, communities, local organisations, and government to meet their obligations;
- ◆ Empower children to participate in realising their rights;
- ◆ Promote child supportive cultural practices;
- ◆ Influence all levels of government to avoid actions and omissions that result in the violation of children's rights; and
- ◆ Support other programs and projects that respect, protect, facilitate, and fulfil the rights of all children.

One of the key components of a rights-based approach to community programming for vulnerable children and youth is including the voice of the young person affected by these programs. Programs should be participatory and age appropriate. They should create safe environments for children and youth to discuss the impact of HIV/AIDS and migration on themselves, their families, and their peers. They should also build capacity that supports opportunities for children to participate more meaningfully in local and national initiatives supporting vulnerable children. Finally, these programs should build on positive local cultural values and beliefs, and community-based social and civic institutions that support vulnerable children's physical, emotional, social, and spiritual development.



INVOLVING FAMILIES AND COMMUNITIES IN THIS PROCESS

Families are
the first line
of defense for
children.

When designing and delivering support interventions for migrant children infected and/or affected by HIV/AIDS, it is critical to create strong, positive bonds between children, families, and communities as it is this every day "life space" of a child that determines their well-being and their vulnerability. Families are the first line of defence for children. Typically, it is the family that provides basic necessities, love, and nurturing and when families can no longer cope or meet these needs, the community becomes the children's safety net. With the magnitude of the HIV/AIDS pandemic and scarce resources, community-based care of infected and/or affected children that involves these critical sectors of a child's support network is essential if programs are to be both sustainable and comprehensive.



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With child, family, and community involvement, strategies can address the complex issues of HIV/AIDS and other contributing factors such as poverty, migration, ethnic conflict, drug use, use of commercial sex workers, and lack of skills and education. Only with this local involvement can strategies effectively enhance the child's and supporting people's ability to cope. Local involvement can also ensure that strategies are culturally appropriate, build on existing strengths, and meet the expressed needs.

Research has shown that other options of care for orphaned children such as institutional care should only be adopted as a last resort. Institutions cannot replace the sense of well-being and belonging that a family and community can provide. Moreover, they are neither financially nor practically sustainable considering the magnitude of the HIV/AIDS pandemic. An important role for local government, therefore, is reinforcing communities and families in caring for vulnerable children.

A family is technically defined as a group of people of common ancestry or a group of people living under one roof, usually under one head. However, it is societal and cultural expectations that define the role of the family.

What is the role of parents, grandparents, aunts, and uncles in relation to care and support of children and young people in your community?

What happens when parents and family members are not involved or informed about programs for their children and youth?

What happens when they are involved in the program development process?

A community is defined as a group of people residing in the same area, sharing the same resources, culture, values, and norms. Thus, a child's community may initially be the village they grew up in, and later change to the people they find themselves with after they leave or migrate to another country. These may be the residents of a small border town, a group of street youth, fellow sex workers, or any number of other groups. Children dislocated from their original community are usually particularly vulnerable and alone, thus they seek out a new community to provide them with emotional and practical support.

What defines a community in the area that you are working? Consider traditional communities, transit/border communities, and “hidden” communities in host countries.

How do children and young people interact in and structure their communities? Is this different from the adults?

How do migrant children and other vulnerable children and young people perceive their community?

How does the community support children and young people?

How does the community NOT support children and young people?

Can you or your program make a lasting and sustainable difference with the young people if the community is NOT involved? Why or why not?

Field research has shown that programs and interventions are more effective and sustainable when they involve children and their families and communities (Williamson, 1995). How can this be done?

During field visits to Shan and Karyn States in Myanmar, many of the field workers shared that they felt that HIV/AIDS programs were not effective unless they were incorporated into other community development strategies. For example, HIV/AIDS was often associated with vulnerability caused by poverty. Therefore, HIV/AIDS awareness programs often attempted to incorporate an income generation component.

*SCF (UK) field visit interview,
Sept. 2000*

- ◆ First, be open to involving the community and their ideas of how things should be. If the agenda is already set you are wasting your and the community's time.
- ◆ Second, get the community involved. Begin this process by talking to key people in the community.
- ◆ Next, have the community members identify needs, strengths, and possible plans of action. Be sure to involve the children as part of the community. This can be done in several ways, but one of the simplest is to use participatory action research approaches. The “Triple A” approach is one such method. It is outlined in the action stage of these guidelines.
- ◆ Finally, for migrant or migrating children, be creative. Think about the important people in the children's mobile or “hidden” communities.



APPLYING A RIGHTS-BASED APPROACH

The near universal ratification of the United Nations Convention on the Rights of the Child (CRC) creates an opportunity to strengthen linkages between policy and practice concerning children and HIV/AIDS. The CRC, with its holistic focus on children's rights to survival, protection, and development, offers a comprehensive framework that can be used to develop local strategies that bridge family, community, local government, cultural, and national supports for children and HIV/AIDS.

Some families and traditional Asian societies have difficulty embracing the concept of "children's rights." It is thought that to give a child rights is to take away from the parents' and communities' rights to raise that child as they see fit. However, the CRC fully supports families and communities and their role in guiding, teaching, and supporting children.

In an ideal world, everyone, especially children, would grow up in an environment of love and understanding with all of their physical, emotional, cognitive, and social needs met. However, poverty, lack of service, corruption, and other societal ills are the daily reality for many children.

Children's rights, in particular Western style youth participation promoting aggressive advocacy, have also been perceived to conflict with Asian values of respect. However, it is not the rights themselves, but the expression of these rights that causes the difficulty, for the CRC supports basic values such as respect, family, culture, and community as well as culturally defined participation. While the CRC promotes basic minimum standards, it is up to each community and their young people to determine how the rights are expressed. Although, the CRC was ratified at the nation-state level, the implementation of this important tool will happen in the "small places, close to home" (Roosevelt, 1949), especially in the

Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.

CRC Preamble, 1989

day-to-day lives of children. The implementation of the CRC will therefore depend on training that takes the principles and articles embedded in the text of the document and translates this into programs and policies that build on local cultural values, beliefs, and practices that are child centred and supportive.

Collectively, field staff and community members must bring the CRC to life in a way that fits within their unique situation and culture. The CRC is a tool to support positive child rearing practices and cultural traditions, and a lens to assist countries, communities, and families change neglectful or harmful practices. It is not an imposition of Western values; it is an internationally defined set of principles for supporting every child in the context of family, community, and culture.

This is not to say that there will not be situations where the CRC is in conflict with local practices involving children. Indeed, many children are at risk of contracting HIV/AIDS or are negatively affected by HIV/AIDS because of harmful cultural practices such as the sale, abuse, and exploitation of girls, and the employment of young boys as drug runners.

The process of implementing the CRC is therefore a process of discussion and negotiation in which positive cultural practices, such as the role of the community in supporting children, are promoted, while harmful practices are identified and ways of changing them are discussed.

In the field, there are often different opinions regarding children's rights.

One field worker shared:

"We have a presence in the community to be able to benefit the well-being of the child. We don't want to scare everyone with the word RIGHTS. This will come in time."

This does not have to be the case, for when RIGHTS are inclusive and empowering they can form the basis for positive programs.

Another field worker shared:

"It is not RIGHTS that the people are afraid of but the unknown. They do not understand and therefore fear. It is our job to teach them about their RIGHTS, all of them adults and children, so that they see the CRC as a tool to support them in achieving a good life."

SCF (UK) SE Asia field visit interview, Sept. 2000



UNDERSTANDING THE CRC

The CRC is a legal document that recognises each child as a subject of human rights and sets a minimum standard for the well-being of all children. Every country in the world, with the exception of the United States of America and Somalia, has made a legally binding commitment to uphold these standards by ratifying the CRC. Governments are obliged to be proactive in providing for the well-being of all children living in their country. This includes supporting families and communities in raising their children, providing equitable quality healthcare and education, and protecting the rights of vulnerable children.

The Convention on the Rights of the Child (1989) includes five important criteria.

1. It defines a child as a person between 0 and 18 or age of legal majority (Article 1) and identifies children as vulnerable members of society.
2. It grants children the same rights as every other human being, including:
 - ◆ social rights;
 - ◆ economic rights;
 - ◆ cultural rights;
 - ◆ civil rights; and
 - ◆ political rights.
3. It has a developmental perspective, which changes with the age of the child and recognises culture as a strong influence in shaping developmental pathways. Thus, the CRC ensures that children's physical, cognitive, emotional/psychological, and spiritual rights are met in unison and in accordance with their developmental stages (for example, *a seven year old may help out in the garden, but to ask a two year old to work for an hour in the garden would not be acceptable*).
4. It outlines the duties and responsibilities to children, including:
 - ◆ The duties and responsibilities of adults, including families to their children (Article 18);
 - ◆ The duties and responsibilities of Governments/States to support parents and guardians in their child-rearing responsibilities (Article 4, 5, 18); and
 - ◆ The duties and responsibilities of Governments/States to develop child care services for the care of children (Article 18).

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Many adults criticise the CRC for not emphasising children's responsibilities. This can be discussed in the context of children's opportunity to participate in aspects of their lives in ways that are safe and support healthy development.

5. It mandates the implementation of children's rights and sets a minimum standard of living for all children (Article 4, 27).

There are also four guiding principles in the Convention on the Rights of the Child. These include:

1. **All** children have the inherent right to life, survival, and development (Article 6).
2. **All** children should be treated equally (*non-discrimination*). Thus, vulnerable children including girls, orphans, ethnic minorities, and stateless children should have the same opportunity as other children. For example, to be cared for, to go to school (Article 2).
3. In all policies and decisions regarding children, the well-being (*best interest*) of the child should be the primary consideration (Article 3).
4. The views of the child should be taken into account in all decisions concerning him or her with the weight of their opinion varying depending on their age, ability, and training (*evolving capacity*) (Article 12).

The rights of the child listed in the 54 articles of the CRC can be loosely grouped into four main themes. These include the right to:

1. Survival;
 2. Protection;
 3. Development; and
 4. Participation.
1. **Survival** implies providing adequate:
 - ◆ Food;
 - ◆ Shelter;
 - ◆ Clean water;
 - ◆ Primary healthcare; and
 - ◆ A safe environment.





2. **Protection** implies protecting children from:
 - ◆ Abuse;
 - ◆ Neglect;
 - ◆ Exploitation (for example, sexual, labour, trafficking);
 - ◆ War; and
 - ◆ Drugs.

3. **Development** implies supporting children's normal physical, emotional, and psychological development through the provision of:
 - ◆ Formal education;
 - ◆ Constructive play;
 - ◆ Healthcare; and
 - ◆ A caring and nurturing environment.

4. **Participation** implies supporting meaningful involvement of children in all levels of decision-making, and having input and access to information in different aspects of their life. Participation rights include:
 - ◆ Civil rights (for example, a name and identity, non-discrimination, and protection);
 - ◆ Economic rights (for example, freedom to participate in non-exploitive economic activities);
 - ◆ Political rights (for example, freedom of expression);
 - ◆ Cultural rights (for example, freedom to participate in cultural activities); and
 - ◆ Religious rights (for example, freedom to choose a belief system or religion).

APPLYING THE CRC

Applying the CRC as a framework allows programs to support the whole child and to consider not only their basic survival and protection needs, but also their right to family, community, culture, healthy development, and emotional and psychosocial support. It ensures that the child's views and best interests are considered and obliges immediate support structures like the family and community, as well as governmental and non-governmental agencies to honour these rights.

Consider why you or you as a collective team think that you need to know about children's rights. Had you thought about all of the areas that are necessary to ensure a child's well-being?

Save the Children (UK) Thailand and Myanmar field staff, involved in the "Cross Border Project," suggested several reasons to learn about children's rights. Specifically:

- ◆ To support the survival of the child (for example, health and medical care);
- ◆ To know the roles that children play in the communities;
- ◆ To be able to understand that children have emotions;
- ◆ To know what children's emotions are;
- ◆ To understand the developmental perspective of the child in terms of the rights and needs of a baby versus the rights and needs of a 10 year old;
- ◆ To understand the social needs of the child;
- ◆ To help identify the most vulnerable;
- ◆ To justify asking for help and prioritising children in terms of allocation of resources;
- ◆ To support workers when soliciting funds for projects supporting orphans and vulnerable children; and
- ◆ To safeguard children from harmful situations and ensure that their well-being is protected.

Save the Children (UK), 1999



Within countries and communities there are typically certain children or groups of children that are more at risk of having their rights compromised or violated. These children become increasingly vulnerable to circumstances and situations that further undermine their basic rights.

Discuss what makes children vulnerable in your community.

Children are often vulnerable when they:

- ◆ Are girls;
- ◆ Do not have parents;
- ◆ Do not have family;
- ◆ Do not have a home;
- ◆ Do not have a voice and can not participate in decisions affecting them;
- ◆ Lack education;
- ◆ Lack skills;
- ◆ Lack resources - are living in poverty;
- ◆ Are exploited;
- ◆ Are discriminated against;
- ◆ Are isolated;
- ◆ Withdraw;
- ◆ Fail to develop as well as other children;
- ◆ Fail to thrive;
- ◆ Live in an unsupportive or unhealthy environment;
- ◆ Have inadequate medical care;
- ◆ Have a disability;
- ◆ Are infants; and
- ◆ Are subject to decisions that are not made in their best interest.

ICRD, 1998

What are the needs of these vulnerable children? What are their rights? Are these being met? What happens if these rights are not realised? Start by considering a young child who has lost his/her parent to AIDS. Next consider a youth who has lost his/her parents to AIDS.

Needs	Rights	Results if not Met
Food	Life/medical care	Increased vulnerability
Shelter	<i>(survival)</i>	Lack of development
Care	Care and support	Alienation
Love	<i>(protection)</i>	Disability
Medicine	Culture/language	Illness
	Education/play	Death
	<i>(development)</i>	
	Participation	

The rights of children and youth are the same, but programs and policies that implement rights must vary according to specific needs. For example, a young child without parents may require foster parents and day care while youth may require support for their education, skills training, or education on sexuality and condom use to ensure their well-being and safety. Therefore, to ensure relevancy and effectiveness of rights-based programs, children and youth's participation must be included in the planning stages.

SOUTHEAST ASIA'S VULNERABLE CHILDREN

Although many of SE Asia's children have their basic rights realised, many are still vulnerable to having their rights violated. Those migrating and occupying border areas are often at great risk of having their rights abused and denied. The vulnerability of this group stems from the fact that many face harsh realities of poverty, conflict, and discrimination in their home countries. Many migrate to other countries in search of better economic and living conditions or are trafficked against their will. Most migrant children continue to live in poverty, however, and do not have

**HIV/AIDS
affects all
people
without
distinction.**

access to the same standard of health care and education as others in the host country. This is primarily due to lack of birth registration and citizenship, geographic isolation, lack of resources, and social exclusion. The fact that many of these children are from ethnic minority communities and experience language barriers increases their vulnerability to marginalisation processes, discrimination, and economic and social isolation.

As noted earlier, the links between vulnerability, due to the inability to ensure basic rights, and exposure to HIV/AIDS (either directly through infection or indirectly through the negative affects within the family and community), are considerable. HIV/AIDS affects all people without distinction. However, migrant women and children (especially those from ethnic minorities) are particularly vulnerable to the affects of this illness due to their poverty and social isolation. This leaves this population of children at extreme risk.

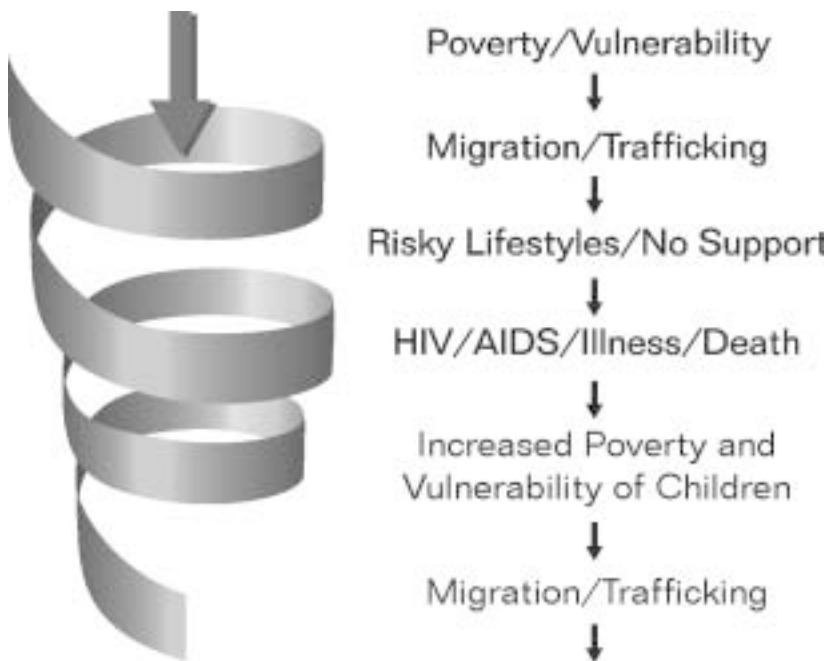
Examine the items that make a child vulnerable. How many of these issues are relevant to children affected by migration and HIV/AIDS?

The loss of a parent further increases migrant children's vulnerability. Traditional care of orphans by extended families and childless couples is not in place in many migrant communities, and is becoming overextended in home communities. Factors such as the large number of parents leaving their children behind when they migrate for work, combined with the rapid spread of HIV/AIDS and the steady increase in the number of orphaned children are greatly stressing these traditional support systems. Families and communities are struggling to provide the necessary level of support for their children. To decrease the financial burden, siblings are often separated which further destroys their support network. Other children are forced to seek care and support from alternative community supports, such as monasteries and peer groups, or they attempt to care for themselves and their younger siblings.

Once again, these circumstances leave children in situations that increase their vulnerability. As financial security decreases, basic needs are not met, emotional support decreases, ability to continue with an education decreases, access to healthcare decreases, as does their ability to cope. The denial of these

children's rights results in exploitation and discrimination and the long-term prospects of removing the burden of poverty are slim. In an attempt to escape this burden, young girls and boys may feel pressured to migrate to earn money to support the rest of the family (as their ancestors frequently did). Ironically, today the act of migration contributes to their vulnerability as they risk further exposure to life-threatening, abusive lifestyles, which can lead to HIV/AIDS. Other children may become vulnerable to trafficking networks, which typically prey on the isolated, marginalised children and their families.

If these children are to become healthy, contributing members of civil society efforts must be made to identify and build on local support mechanisms to minimise the impact of migration, trafficking, and HIV/AIDS. Children, families, communities, and local governments and organisations need to work together to stop this cycle of vulnerability.



With HIV/AIDS and parents migrating to Thailand a great deal of children are being left behind. Education and training should be provided for these children. This can help decrease their vulnerability.

SCF (UK) field visit interview, Sept. 2000

SUPPORTING VULNERABLE CHILDREN USING THE CONVENTION ON THE RIGHTS OF THE CHILD

The Convention on the Rights of the Child:

1. Recognises that there are children living in exceptionally difficult conditions, and that such children need special consideration.
2. Identifies types of vulnerability. For example, gender, poverty, sexual exploitation, abuse, and violence.
3. Stipulates various levels of support for vulnerable children from family, community, and government.
4. Involves children as active agents of change.

Save the Children Fund (UK) held a regional workshop on HIV/AIDS and Children in Kathmandu in August of 1998. The children and adults both identified several rights that they felt were threatened or restricted by the HIV/AIDS pandemic.

HIV/AIDS threatens

- ◆ The right to survive;
- ◆ The right to information;
- ◆ The right to participation;
- ◆ The right to education;
- ◆ The right to proper healthcare;
- ◆ The right to development (physical, mental, spiritual, moral, and social);
- ◆ The right to be loved and to live with parents;
- ◆ The right to social and communal activities, including play and culture;
- ◆ The right to acquire nationality;
- ◆ The right to dream a bright future;
- ◆ The right to protection from exploitation;
- ◆ The right to not work in child labour; and
- ◆ The right to not be discriminated against.

This same group felt that certain rights if implemented would lead to better protection of children infected and/or affected by HIV/AIDS.

The CRC supports the right to:

- ◆ Access health services;
- ◆ Access knowledge of reproductive health and sex education;
- ◆ Information about children's rights;
- ◆ Acquire clear and complete information about HIV/AIDS, migration, trafficking, and other relevant topics;
- ◆ Express opinions and speak out against exploitation;
- ◆ Freely associate;
- ◆ Participate in social activities without discrimination;
- ◆ Be loved and respected;
- ◆ Be protected from sexual exploitation (harassment, incest, rape, and prostitution);
- ◆ Be protected from economic exploitation (harmful child labour);
- ◆ Be protected from the use of narcotic and psychotropic drugs;
- ◆ Be protected from sale, trafficking, and abduction; and
- ◆ Be rehabilitated if trafficked (especially girls).

Save the Children Fund (UK) Kathmandu, 1998

CRC Articles Relevant to Children Affected by Migration and HIV/AIDS

Specific CRC articles relevant to vulnerable children in SE Asia can be adopted to promote legitimacy and understanding.

These include:

- ◆ The right to a name and a nationality (Article 7/8);
- ◆ The right to protection from sexual abuse and exploitation (Article 34);
- ◆ The protection of a child without a family (Article 20);
- ◆ The right to protection from work that threatens a child's health, education, and development (Article 32);
- ◆ The right to protection from abuse and neglect (Article 19);
- ◆ The right to protection from drugs (Article 33);
- ◆ The right to protection from being recruited into armed forces (Article 38);
- ◆ The right to protection from sale, trafficking, and abduction/kidnapping (Article 35);
- ◆ The right to NOT be unlawfully imprisoned or punished (Article 40);
- ◆ The right to health and medical care (Article 24);
- ◆ The right to education (Article 28/29);
- ◆ The right to access appropriate and accurate information (Article 17);
- ◆ The right to a standard of living adequate to full development (Article 27);
- ◆ The right to leave any country and enter one's own for the maintenance of a child-parent relationship (Article 10);
- ◆ The right to language, religion, and culture (Article 30);
- ◆ The right to play and leisure (Article 31);
- ◆ The right to physical, psychological, and social rehabilitation of victims of abuse or maltreatment (Article 39);
- ◆ The right to international co-operation to ensure children's rights (Article 45);
- ◆ The right to know about the CRC (Article 42); and
- ◆ The right to have children's rights monitored and evaluated (Article 44).

Discuss the programs and community activities that are presently taking place. How are they supporting children's rights?

Consider if there are any areas in your programs or in community activities that do not support the rights of the children? Are these practices harmful? Could they be changed?

The following strategies show how the principles in the CRC can be used at the community level. Note that these strategies take into account the cultural and developmental aspects of children's rights.

Participation

- ◆ Support children's participation in community events and festivals. For example, birth celebrations, naming ceremonies, puberty rituals, and rites of passage.
- ◆ Promote children's meaningful participation in local, national, and regional programs and decision-making.

Culture

- ◆ Incorporate child supportive cultural values and beliefs into all community programs affecting children — from water sanitation to agriculture and primary healthcare programs.
- ◆ Identify harmful cultural practices, and discuss these in the context of legislation, policy, and programming.

Government/Laws

- ◆ Identify national and regional legislation that further support the articles in the Convention (for example, the recently enacted Child Protection Legislation in Thailand).

Boys in our community are participating in sexual rites of passage as young as 12. Their initiation into manhood is always with a sex worker and most of the sex workers are HIV + [positive].

SCF (UK) field worker,
Northern Thailand,
Sept. 2000



- ◆ Harmonise customary law and national legal codes.
- ◆ Link survival, development, and protection rights.
- ◆ Link children's and women's rights as outlined in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and/or prescribed in national legislation.
- ◆ Involve advocacy agencies to link local government, vulnerable children, and community (for example, Ombudsman's Office, Children's Advocate, or Children's Commissioner).

Programs

- ◆ Integrate issues of HIV/AIDS and children into broader development strategies (for example, agriculture, health, and education).
- ◆ Create intersectoral links between agencies to provide children with holistic support.
- ◆ Address issues of poverty alleviation.
- ◆ Ensure that prevention, treatment, and care and support strategies are addressed in establishing a holistic "continuum of support" for vulnerable children.
- ◆ Link children's and women's rights by addressing the practices that support women and children and those that do not.

SHARING CHILDREN'S RIGHTS WITH PEOPLE IN THE COMMUNITY CHECK LIST

Check off the items that have been completed and develop strategies to meet the remaining criteria.

To Lay the Foundation:

- Discuss the place and roles of children and youth (0-18) in the community.
- Establish the importance of children and their care and support.
- Emphasise that the CRC was put into place as a protection measure for all children.
- Show how the CRC can be used to identify the most vulnerable children as well as assist in identifying actions and methods to carry them out.
- Stress the underlying principle that families, community, and culture are the foundations for children, and it is these societal structures that must teach and support them.

To Build on Strengths:

- Build on the positive values and practices in the community so that they see how many of the rights outlined in the CRC are already enshrined in their everyday lives.
- Identify existing programs in the community, and how they address the rights of children.
- Assess if programs are intersectoral and integrative.
- Determine how vulnerability is defined in the local context.

- Examine customs and practices that violate or neglect children's rights, and determine what could be done differently at a cultural, community, or family level that would change this.

To Link Various Levels of Government:

- Determine which community development projects could be adapted to include a focus on children.
- Identify natural advocates, existing committees, or other structures that focus on children and link communities and children with local government.
- Ensure that there are mechanisms in place to monitor the rights of vulnerable children.
- In partnership with the community, determine which programs could work with local government and donors to enhance children's well-being.
- Discuss what could be done differently for children at a regional and governmental level that the community could lobby for, using the CRC for support.
- Devise a plan of action using the CRC to lobby local and national governments and ask for services.



DEVELOPING AND IMPLEMENTING A CONTINUUM OF CARE AND SUPPORT

When looking at the support of vulnerable children, especially migrant children who are infected and/or affected by HIV/AIDS, it is important to look at the many aspects of care and support that they require. All too often HIV/AIDS is seen simply as something to be prevented or treated. Thus, programs are often aimed solely at education initiatives to prevent the spread of the disease or at medical care to treat the many illnesses associated with AIDS. A rights-based approach assumes that SE Asia's children require more than this. They require a continuum of care and support that addresses their diverse developmental needs in all facets of their lives. When this is achieved, children living "beyond the borders" of care and support, gain access to the aspects of life they require to develop fully and live in dignity.



The continuum of care and support, presented in these guidelines, integrates the child's inherent right to life, survival and development, non-discrimination, best interests, and participation across three dimensions.

1. Comprehensive care and support: The care and support of a child is necessary from the time of a parent's illness through completion of the grieving process and/or through the course of their own illness. This includes but is not limited to:

- ◆ Preventing the contraction of HIV;
- ◆ Increasing children and youth's understanding of diseases associated with AIDS;
- ◆ Medical treatment of guardians and children;
- ◆ Physical care (for example, housing, food, clothing, schooling);
- ◆ Support in caring for ill parents (for example, financial, emotional, and medical);
- ◆ Emotional support and grief counselling; and
- ◆ Life skills training.

2. Participation in care and support: A developmental approach ensures age appropriate care and participation from birth until adulthood. This includes:

- ◆ Appropriate expectations of children at different ages;
- ◆ Opportunities to participate in decision-making, prevention programs, and the administering of care according to their developmental age and their abilities;
- ◆ Stimulation that enhances children's development across different stages;
- ◆ Support and care that meets a child's developmental needs;
- ◆ Education and prevention programs for different ages; and
- ◆ Age appropriate support and counselling for loss and grief.

To ensure that programs support developmental pathways in the context of culture, an understanding of children's normal developmental stages, appropriate learning tools, developmental aspects of children's grief, and cultural norms is essential.

3. Socially related care and support: The intersectoral integration of all levels of civil society is critical in supporting children vulnerable to being infected and/or affected by HIV/AIDS. These include:

- ◆ Peers, family, and community;
- ◆ Community based non-governmental agencies;
- ◆ Local governmental agencies;
- ◆ National governmental ministries or agencies;
- ◆ Regional and international agencies;
- ◆ Non-governmental organisations (NGOs); and
- ◆ Ombudsman's or advocacy organisations.

To effectively integrate this aspect of the continuum of care and support, it is important to understand how to identify family and community strengths and how to actively involve these support networks. It is also essential to have specific knowledge of the existing programs and projects in the area, and the local (for example, traditional), national, and global laws that advocate for care and support of vulnerable children.

Ways of linking these levels of civil society include:

- ◆ Establishing committees;
- ◆ Developing monitoring mechanisms;
- ◆ Registering births;
- ◆ Developing policies; and
- ◆ Establishing child focused legislation (for example, child protection laws).

All three of these dimensions of care and support are required in every situation to ensure holistic care. A continuum of care and support must then be adaptable to the unique situation of each child whether in a traditional community, in transit, or living in another country as an illegal immigrant.

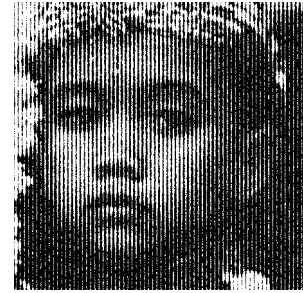


PREVENTION THROUGH CARE AND SUPPORT

Prevention

Comprehensive programs are critical in decreasing children's vulnerability. Children need to be educated on the risks that exist for them and they need to be given the skills and knowledge to minimise or prevent these risks.

AIDS activists are increasingly aware that AIDS prevention programs are not effective in changing risky behaviour and other threats of HIV infection with information alone. Therefore, to increase effectiveness, prevention programs must be viewed in the broader context of socio-economic and cultural attitudes and behaviour change. Community workers need to be aware of these risks to accurately address hazards associated with migration and HIV/AIDS. This information can be gathered through community and youth consultations or participatory action research.



Key socio-economic and cultural issues affecting prevention of HIV/AIDS for SE Asia's vulnerable children living in border areas, identified by Save the Children Fund UK through participatory action research, included:

	Home Community	In Transit	In Host Country	Trafficked
Lack of Education due to:				
◆ Irrelevance;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Absence of schools;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ A lack of promise of employment;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ High expenses/costs;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Barriers such as language;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Bans on attendance at school due to illegal status of migrants; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Lack of support for girls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

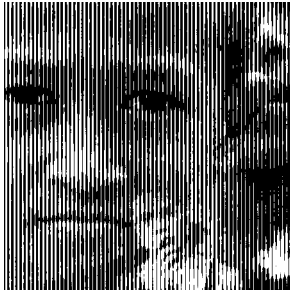
	Home Community	In Transit	In Host Country	Trafficked
Poverty due to:				
◆ Economic hardship;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Low income;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Lack of jobs;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Lack of land;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Lack of skills; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Restrictive policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of information/knowledge about:				
◆ HIV/AIDS, STDs and other reproductive health risk factors;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Legal issues;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ The CRC;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Other supportive laws; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ The host country.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political insecurity due to:				
◆ Ethnic/racial/religious conflict; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Weak local government.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakdown of social structure due to:				
◆ Migration of parents;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Death of parents;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Home Community	In Transit	In Host Country	Tr trafficked
◆ Loss of children’s homes;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Statelessness;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Lack of attachment to homeland; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◆ Lack of protection/safety net.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examine the list of key issues. Indicate which issues are relevant to children and youth affected by migration. Consider the children and youth in their home communities, in transit/border communities, in host countries, and those that have been taken unwillingly (trafficked). Mark an x in the appropriate boxes? How many issues affect all populations? Discuss how this impacts the children and youth that move back and forth between these populations with respect to risks that they face.

These key issues faced by children and youth in border areas increases their risk of:

- ◆ Forced or voluntary migration;
- ◆ Being trafficked;
- ◆ Abusing drugs and becoming addicted to drugs;
- ◆ Contracting HIV/AIDS or other sexually transmitted diseases (STDs);
- ◆ Becoming pregnant;
- ◆ Having their basic rights to health, education, and legal protection denied;
- ◆ Being forced into situations of child labour;
- ◆ Becoming abandoned or orphaned children; and
- ◆ Being harassed by authorities.



Indicate which risks are relevant to children and youth living in all four populations affected by migration (home community, transit/border community, trafficked, and host country community). Discuss how this would impact program development.

Prevention programs need to be based on this information and include community and child participation. Young people need to know the causes of the AIDS virus and how to minimise transmission and infection. They also need to be aware of other factors that increase their risk of contraction by forcing them into vulnerable situations, such as the lack of skills and money, and the lack of knowledge of the host country in relation to migration and trafficking risks. Finally, prevention mechanisms need to be established to reduce the threat of child trafficking.

The more accurate the information and the better the skills training the children and young people have, the less vulnerable they will be in these situations. By intervening early, it is possible for children and their communities to alter these cycles of risk, vulnerability, and abuse.

Problems and Solutions:

The main problems we face are:

- Migration;
- Lack of education;
- Poverty;
- Decreased amount of 'attachment' to our homeland;
- Lack of life skills;
- Lack of knowledge; and
- Lack of protection.

"As a result many of us go to Thailand to work but we want to try to improve the situation here so that we do not have to go."

To tackle the problem we want:

Schools that are compatible with our free time, not during harvest and not when there is too much rain;

Local, well trained teachers that speak our language;

Schools to be fun places;

Information and skills that can help us make money;

Vocational skills and assistance in developing alternate lifestyles (otherwise, what else can we do besides migrate or work in the sex trade?);

Encouragement for cultural events/ Yoe Ya Dow Lai traditions and friendships;

To use existing services (we will go to traditional and religious leaders for advice);
and

To share our knowledge and information with the community in an acceptable way.

Focus group discussion with Karyn youth living in border areas, Sept. 2000

What do the children and young people that you are working with perceive to be the problems and possible solutions? Are there any differences in the various settings and communities?

Gathering this type of information from young people in their community, in transit, and in “invisible” communities in host countries will offer insights and direction for organisations and programs to assist in decreasing children’s vulnerability to the violation of their rights and the contraction of HIV/AIDS.

Care and Support

Care and Support programs must also address diverse socio-economic and cultural factors in a child’s life to be effective. Care encompasses physical, cognitive, emotional, social, and spiritual needs, as well as education and medical attention. These needs must be supported throughout a child’s life.

Children’s vulnerability starts when parents migrate and leave them behind, or when parents become ill. At this point, children face increased poverty, more responsibility, and added emotional difficulties including grief, loss, and discrimination. They require extra support. To wait until parents die is too late to prevent children from spiralling into a cycle of low self-esteem and depression, or engaging in activities that are harmful to their overall well-being and do not support a life with dignity.

Actions that provide care and support for children affected by migration and HIV/AIDS include:

- ◆ Strengthening families’ ability to care for their children or take in orphaned children by enhancing their economic resources. This will increase their capacity to care for their children and decrease the need to migrate, or enter into risky lifestyles that can lead to HIV infection. Ensuring there is access to savings and credit mechanisms is one means of providing this;
- ◆ Reducing demands on household labour, thus freeing members to produce income. This can be done by providing community-based childcare, improving water and sanitation, and/or decreasing the need for firewood gathering;

- ◆ Providing home care for HIV/AIDS patients. Trained home care workers are able to meet the medical needs of ill parents, while providing knowledge, skills, and emotional support for the children and youth. This decreases the amount of time the children spend caring for their ill parents and assists to decrease their emotional stress. This support greatly strengthens families' ability to cope;
- ◆ Encouraging parents to write wills, arrange for their children's care, and to talk to their children about their future;
- ◆ Supporting children to stay in school during a parent's illness (or absence) and after their death by ensuring that teachers understand and support children through their grief. Ensure that schools are accessible and that uniform requirements or school fees do not prevent children from attending school. Provide at least one daily meal and ensure schools have flexible hours to accommodate children who must work;
- ◆ Training older siblings in basic parenting and life skills to allow them to cope better with caring for their younger siblings during a parent's absence or illness and after their death;
- ◆ Involving children in the care of sick loved ones when appropriate, without burdening them with too much responsibility;
- ◆ Ensuring children's emotional, cognitive, and social needs are integrated into all HIV/AIDS programs and that vulnerable children are connected with local children's advocates;
- ◆ Addressing care and support issues within existing government and NGO programs when ever possible; and
- ◆ Ensuring that vulnerable children are not further alienated through programs that isolate or stigmatise them (for example, splitting siblings up and through institutionalisation).

In some communities, people are fearful, they want separate day cares and homes for aids orphans because they fear transmission to the other children.

This needs to be addressed as it shows a lack of understanding about HIV/AIDS and a lack of support for these children. We need to increase peoples' awareness of how to prevent transmission but also how to be supportive. We do not want HIV/AIDS orphans to be discriminated against.

*Focus group discussion,
Northern Thailand,
Sept. 2000*

Providing holistic care and support for children and youth is critical in reducing their vulnerability. The type of support and how it is delivered will vary according to the child's age, their community, and their cultural background. Support programs and policies that are effective in a child's community of origin may not be effective while they are in transit or in their new "invisible" community in the host country. Thus, program staff must work closely with a child's immediate community to build on existing strengths. An important aspect of this process is talking with children to better understand their local reality in the context of migration.

Many young people feel threatened in the border towns where they go to find a broker or to find another way to get across to Thailand. Young girls and boys are often hassled and pressured into prostitution and drugs. There is lots of gambling and violence as well. We do not feel safe.

*Focus group discussion,
Myanmar, Sept. 2000*

Examine the list of potential impacts of migration and HIV/AIDS on children, families, and communities on the next page. Place a ✓ beside the factors most relevant to migration and an X beside the factors caused by the infection and/or affection of HIV/AIDS. Note how many have both a ✓ and an X beside them.

Discuss the interconnection of migration and HIV/AIDS in many children's lives. Explore how migration leads to higher HIV/AIDS infection, thus increasing the negative affects of migration, and how HIV/AIDS causes increased migration, thus increasing children's vulnerability.

Summarise the different challenges children face as they move across the migration spectrum (home community - migration - host country). How do these primary challenges impact children's vulnerability to HIV/AIDS in terms of care and support?

Potential Impact of Migration and HIV/AIDS

CHILDREN

Health problems

	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Malnutrition	<input type="checkbox"/> <input type="checkbox"/>
Loss of healthcare	<input type="checkbox"/> <input type="checkbox"/>
Decreased immunization	<input type="checkbox"/> <input type="checkbox"/>
Increased exposure to HIV infection and other STD's	<input type="checkbox"/> <input type="checkbox"/>
Drug addiction	<input type="checkbox"/> <input type="checkbox"/>
Abuse	<input type="checkbox"/> <input type="checkbox"/>
Illness due to hard labour	<input type="checkbox"/> <input type="checkbox"/>
Slowed development	<input type="checkbox"/> <input type="checkbox"/>
Increased risk of suicide	<input type="checkbox"/> <input type="checkbox"/>
Premature death	<input type="checkbox"/> <input type="checkbox"/>
Increased deaths of children under 5	<input type="checkbox"/> <input type="checkbox"/>

Economic Problems

Economic hardship	<input type="checkbox"/> <input type="checkbox"/>
Lack of skills	<input type="checkbox"/> <input type="checkbox"/>
Increased demand for children to work	<input type="checkbox"/> <input type="checkbox"/>
Decreased schooling	<input type="checkbox"/> <input type="checkbox"/>
Lack of food	<input type="checkbox"/> <input type="checkbox"/>
Lack of adequate shelter	<input type="checkbox"/> <input type="checkbox"/>
Decreased access to health care	<input type="checkbox"/> <input type="checkbox"/>
Increased need and expenses for health care	<input type="checkbox"/> <input type="checkbox"/>
Loss of family income	<input type="checkbox"/> <input type="checkbox"/>
Loss of land/inheritance	<input type="checkbox"/> <input type="checkbox"/>
Forced migration	<input type="checkbox"/> <input type="checkbox"/>
Crime	<input type="checkbox"/> <input type="checkbox"/>

Psychosocial Problems

Stress	<input type="checkbox"/> <input type="checkbox"/>
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Grief/Sadness	<input type="checkbox"/> <input type="checkbox"/>
Fear	<input type="checkbox"/> <input type="checkbox"/>
Self blame	<input type="checkbox"/> <input type="checkbox"/>
Loss of self-esteem	<input type="checkbox"/> <input type="checkbox"/>
Loss of parents	<input type="checkbox"/> <input type="checkbox"/>
Loss of home	<input type="checkbox"/> <input type="checkbox"/>
Loss of stability/security	<input type="checkbox"/> <input type="checkbox"/>
Loss of education	<input type="checkbox"/> <input type="checkbox"/>
Loss of role models	<input type="checkbox"/> <input type="checkbox"/>
Loss of nurturing, love and care	<input type="checkbox"/> <input type="checkbox"/>
Loss of protection	<input type="checkbox"/> <input type="checkbox"/>
Loss of family	<input type="checkbox"/> <input type="checkbox"/>
Loss of identity	<input type="checkbox"/> <input type="checkbox"/>
Loss of attachment to home land	<input type="checkbox"/> <input type="checkbox"/>
Statelessness	<input type="checkbox"/> <input type="checkbox"/>
Stigmatisation	<input type="checkbox"/> <input type="checkbox"/>
Increased chances of abuse/neglect	<input type="checkbox"/> <input type="checkbox"/>
Increased harassment by authorities	<input type="checkbox"/> <input type="checkbox"/>

FAMILIES

Health problems

Illness	<input type="checkbox"/> <input type="checkbox"/>
Chronic Illness	<input type="checkbox"/> <input type="checkbox"/>
Malnutrition	<input type="checkbox"/> <input type="checkbox"/>
Drug addiction	<input type="checkbox"/> <input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/> <input type="checkbox"/>
Loss of health care	<input type="checkbox"/> <input type="checkbox"/>
Reduced ability to care for self, children, and elderly	<input type="checkbox"/> <input type="checkbox"/>

Economic Problems

- Lack of employment
- Lack of skills
- Restrictive policies
- Increased expenses for care
- Increased expenses for drugs
- Increasing number of dependents
- Loss of family income
- Loss of income earners
- Lack of food
- Lack of adequate shelter
- Decreased access to health care
- Loss of land/inheritance
- Forced migration

Psychosocial Problems

- Stress
- Grief
- Loss of family members
- Break up of family (fostering/adoption)
- Loss of stability/security
- Statelessness
- Inability to provide nurturing, love and care
- Change in family structure
- Stigmatisation
- Gradual decrease in ability to provide emotional support (Burnout)
- Feelings of helplessness

COMMUNITIES

Health problems

- Illness
- Chronic Illness
- Malnutrition
- Drug addiction
- Increased mortality
- Spread of HIV/AIDS

Economic Problems

- Increased poverty
- Loss of property/wealth
- Increased number of dependents
- Loss of skilled labour
- Loss of income earners
- Decreased education of members

- Decreased health of members
- Decreased productivity

Psychosocial Problems

- Stress
- Grief/Sadness
- Loss of members
- Break down of infrastructure
- Increased susceptibility to political insecurity
- Feelings of helplessness
- Gradual decreased ability to provide emotional support (Burn out)

ICRD, 1998

AGE APPROPRIATE INTERVENTIONS

To be effective, care and support programs for children must be age appropriate and address needs that change according to the age of the child. It is therefore essential to understand children's normal development, and how to communicate with children of different ages. Finally, it is important to understand how a child expresses loss/grief at different stages of their development, and how others can best assist them through this process.

Children's Normal Development

Child development is a process of change in which a child continues to develop his or her skills of moving, thinking, feeling, and relating to others.

It is multi-dimensional and includes how a child performs:

- ◆ Physically (ability to move and coordinate);
- ◆ Emotionally (the ability to feel);
- ◆ Cognitively (the ability to think and reason); and
- ◆ Socially (the ability to relate to others).

The latter three are aspects of "psychosocial" development.

The different areas of child development are inter-related and must be considered together. For example, emotional development affects physical and cognitive development. An emotionally stressed child who has not learned how to cope, may show signs of physical and cognitive delay.

Development is also continuous. It starts before birth and continues throughout life. How a child develops when they are young affects them throughout their life. Future behaviour and accomplishments are related to childhood development processes.

Interacting with people and the environment (built and natural) facilitates children's development for a child develops as they respond to, learn from, and seek to affect his/her physical and social environments. Thus, providing stimulation for children is very important, as is responding to them, and providing them with love, and care and support.

Children's development is predictable, but unique. All children follow a general sequence of development, but the rate, character, and quality of development changes with each child. Gender, environment (the type and amount of stimulation they receive), and culture (child rearing practices) also impact a child's development.



However, all children across all cultures and individual differences share the need to adapt their behaviours and skills in order to gain control over their environment, and to develop healthy positive connections with people and their physical and social environments.

Environmental Influences on Children's Development

- ◆ The immediate family or household;
- ◆ The community or close social network;
- ◆ Schools;
- ◆ The larger society (social, political, religious, and economic context);
- ◆ The culture (values, rituals, and beliefs);
- ◆ The physical environment (plants, animals, and special places); and
- ◆ The built environment (style of buildings, architecture, availability of “child friendly” spaces).

Adapted from Myers, 1992

What to Expect at Different Ages

Newborn to 23 Months

When children are born, they are physically helpless and completely dependent on others for their physical and emotional well-being. They require constant supervision, as they have no sense of safety.

In the first two years of their life, they begin to develop skills that they continue to work on throughout their lives.

At first, children:

- ◆ Bond with their caregivers and develop feelings of love and trust if they have someone to care for them and meet their needs;

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- ◆ Start to feel other emotions such as fear and separation anxiety, especially when their needs are not met;
- ◆ Work hard to learn to move their bodies by themselves so they can hold up their head, sit by themselves, feed themselves, walk, and talk;
- ◆ Learn to use their hands and eyes together to allow them to manipulate objects and throw things; and
- ◆ Develop their sense of vision, hearing, tasting, feeling, and understanding.

Over the course of the first two years they begin:

- ◆ To understand that they are separate from the rest of their environment and other people, especially their mother or primary care-giver;
- ◆ To understand how objects work (for example, cause and effect and that things are still there even if they can not see them);
- ◆ To understand what is being said to them and can follow through with simple requests;
- ◆ To understand the consequences or effects of their actions and know right from wrong;
- ◆ To know the names of familiar objects, body parts, and concepts such as in/out or on/off; and
- ◆ To become independent as they begin to do things for themselves and to play on their own for longer periods of time.

2 to 5 years

Children at this age are working hard at “fine tuning” all the skills that they have learned up to this point. They:

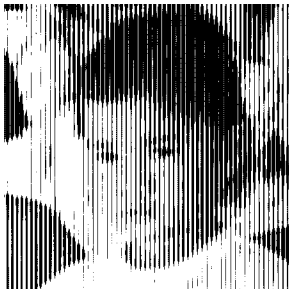
- ◆ Tend to have a very high degree of energy;
- ◆ Develop most of their language and understanding;
- ◆ Think that they have a far greater affect on the world around them than they really do;
- ◆ Learn social rules (culture) (for example, the expectations within their families, schools, and communities and general routines);
- ◆ Develop self-care skills (for example, dressing, feeding, and toileting);

- ◆ Try to understand what is real and what is fantasy (for example, may use imaginary play or have increased fears and nightmares);
- ◆ Think in the “here and now;”
- ◆ Have difficulty thinking about and understanding things in the future;
- ◆ Ask a lot of questions;
- ◆ Need to experiment with concepts;
- ◆ Are starting to understand the consequences/effects of their actions/emotions and to know right from wrong; and
- ◆ Often begin school.

6 to 12 years

At this age, children continue to work on their skills and need a great deal of emotional support and a secure environment in which to do this. They:

- ◆ Begin to understand that another person’s point of view may be different from their own;
- ◆ Gain a greater understanding of emotions and how people are feeling (for example, begin to be able to “empathise” or put themselves into another person’s emotional shoes);
- ◆ Begin to think logically about concrete things that they experience in their everyday life;
- ◆ Have an increased understanding of social roles and norms, (for example, a man can be a father, a son, and a worker);
- ◆ Begin to understand how objects relate to each other (for example, a tomato, a cucumber, and an eggplant are all “vegetables”);
- ◆ Are better able to solve problems as their memory skills greatly improve;
- ◆ Can understand most concepts that are explained to them;
- ◆ Can learn skills such as reading, writing, and mathematics; and
- ◆ Have increased responsibility around the house.



13 to Adulthood

Children or youth in this age range are becoming young adults.

Youths:

- ◆ Are beginning to think about what may possibly happen as well as what is actually happening (for example, thinking about the future);
- ◆ Think primarily of themselves;
- ◆ Focus most of their attention on social relationships and personality characteristics of a person;
- ◆ Are developing a sense of themselves in relation to the rest of the world;
- ◆ Experience a stronger division in the roles of males and females;
- ◆ Often begin serious relationships with their peers;
- ◆ Begin to think about abstract things like social class and how their behaviours ultimately affect their family or community;
- ◆ Gain an increased understanding of moral issues and what is right or wrong;
- ◆ Experience intense physical changes in the body (puberty);
- ◆ Have increased emotional needs and insecurities;
- ◆ See peer group interactions and friendships as critically important (these play a large part in the development of their sense of self and self-esteem);
- ◆ Practice being an adult; and
- ◆ May get married, be initiated into adulthood, or receive a new name.

It is important to note that vulnerable children are exposed to different environments and stimulation than other children and may, therefore, move through their stages of development at an altered rate. As a result, many of these children grow up very quickly in some areas of their development while remaining very young in others. This is particularly evident in young children who are forced into adult roles, but do not know how to emotionally cope with this responsibility.



How to Listen and Communicate with Children of Different Ages

Listening and communicating with children and youth is a key aspect of supporting children's healthy development. Therefore, it is important to use age appropriate strategies.



Newborn to 23 Months

- ◆ Use signs/facial expressions to compliment talking;
- ◆ Use touch;
- ◆ Be at the same eye level;
- ◆ Use objects/toys/food; and
- ◆ Watch reactions.

2 to 5 Years

- ◆ Use language they understand;
- ◆ Talk to guardians; and
- ◆ Talk to the children in the presence of their guardians so that they feel safe.

5 to 10 Years

- ◆ Respect privacy/confidence;
- ◆ Realise they may have different views from their guardians;
- ◆ Use games, art, music, singing, stories, drama or sports as communication tools;
- ◆ Talk to children "one on one" and speak at the same level/volume; and
- ◆ Use physical reassurances, such as touching.

10 Years and Up

- ◆ Ensure mutual respect;
- ◆ Remember that this age is very sensitive to issues;
- ◆ Be polite;
- ◆ Respect privacy;
- ◆ Find a comfortable environment;
- ◆ Talk in groups and one on one;
- ◆ Listen to what they are saying;
- ◆ Ensure confidentiality; and
- ◆ Use personal examples or a story of a peer.

Adapted from ICRD, 1998

Developmental Stages of Children's Grief

Understanding and responding appropriately to children's grief is a critical component of supporting children and youth affected by HIV/AIDS and other trauma caused by migration.

As children progress through the different stages of their development, they understand, experience, and react to loss in different ways. A child experiencing loss at a young age will therefore revisit his/her loss when his/her understanding of death changes, at every developmental stage.

Most literature in this area is based on research carried out in Europe and North America and may need to be adapted to local cultural contexts. This can be achieved by reviewing the guidelines with children, youth, and respected and knowledgeable adults in the community to discover how they fit within the cultural context.

Newborn to 23 Months

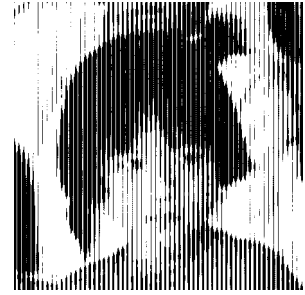
Many people think that a very young child is unable to grieve, but a young baby does experience loss. They experience it as abandonment or separation. To them death means "all gone." As children are very sensitive at this age, they sense the emotional changes that occur within their home.

In response to grief the newborn-23 month old may:

- ◆ Become irritable;
- ◆ Show changes in their eating/sleeping patterns;
- ◆ Have bladder or bowel problems such as diarrhoea;
- ◆ Show emotional withdrawal; and
- ◆ Experience a slowing or regression in their normal development.

They need:

- ◆ To maintain their usual routines, especially with eating and sleeping,
- ◆ To receive lots of demonstrative attention, such as hugs;
- ◆ Gentle voices;
- ◆ Play time; and
- ◆ A safe, secure, and stable environment with as few new caregivers as possible.



2 to 5 Years

Children at this age are extremely self-centred and therefore experience death as a loss of love, security, safety, and protection. They do not understand the finality of death and often think of it as “sleeping” or “someone going on a long trip.” They often expect the dead person to “come back to life” or “return” and for life to go back to normal. They may also “forget” that the person has died, as their concept of time is very limited. They take things that are said very literally. Therefore, in order for them to understand what has happened, people must use correct language at a level they can understand. For example, *“The person’s body stopped working and they died.”*

Statements such as *“she went to the rice field,” “he went to sleep,”* or *“God picked him because he was so good”* will only confuse the child and create greater fear.

Children between three and five tend to connect the death to what ever happened just before it and they want to tell others all about it. Therefore, if their mother went to the hospital and died, they might say:

“Mommy went to the hospital and died. I think that the doctors made her die. I never want to see a doctor.”

In response to grief the 2-5 year old may:

- ◆ Not show emotions for periods of time. They have a short attention span and cannot handle painful experiences for any length of time so tend to “tune out” and need to play (this does not mean that they are not grieving);
- ◆ Become fearful of separation and going to sleep;
- ◆ Show signs of being overwhelmed or lonely;
- ◆ Have difficulty with eating or toileting;
- ◆ Have bodily reactions such as headaches and stomach aches;
- ◆ Appear very confused about what is happening around them and why the person who has died is not home (for example, they may ask questions that seem out of place, such as *“Where did this rice come from? Is it from my mom?”*);
- ◆ Act out in an angry or emotional fashion (for example, temper tantrums);

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- ◆ Have fears that were not there before (for example, fear of being abandoned); and
- ◆ Have more intense fears.

They need:

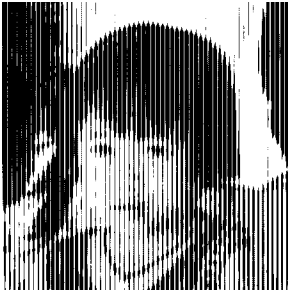
- ◆ Simple but honest explanations about the death and what is going to happen to them;
- ◆ A caring and constant adult who can support them emotionally and answer their questions;
- ◆ Demonstrative shows of affection and love (for example, hugs);
- ◆ A gentle voice;
- ◆ Understanding when they are upset or scared;
- ◆ Quiet times;
- ◆ Usual routines and discipline;
- ◆ Reassurance about the future; and
- ◆ Reassurance that they did not do anything to cause the death and that there are still people who love them.

6 to 9 Years

Although at this age children are beginning to understand the concept of death, they fluctuate in their understanding of the finality of it, and at times still think it is reversible. This is a time of “magical thinking” where they believe that they can make something happen. If they wished that the person would die, they might believe that they made it happen, and therefore feel intensely guilty about this. Intense fear about death is also common at this age. Many 6-9 year olds think of death as “bad spirits” or something that happens to a “bad” person. However, they are also interested in the body, and will often ask detailed questions about what happened or what will happen to the body now that it is dead.

In response to grief the 6-9 year old may:

- ◆ Ask a lot of questions, either in their head or aloud (for example, “Why the person died and how?”, “If they caused the death?”, and “What happens to the body when it dies and is buried or burnt?”);
- ◆ Fear other deaths occurring;
- ◆ Fear things like the dark and bedtime and therefore have difficulty falling asleep or have nightmares;



- ◆ Want to ensure the happiness and safety of everyone else as they somehow feel responsible for the death;
- ◆ Try to take on adult responsibilities, or be very well behaved;
- ◆ Be angry at others for “causing the death” (for example, God, Buddha, healer, uncle, doctor);
- ◆ Have a hard time expressing their emotions and labelling them;
- ◆ Have diarrhoea or stomach aches; and
- ◆ Revert to bedwetting or other earlier developmental stages.

They need:

- ◆ Simple and honest answers to their questions using the proper words for death and dying (for example, “Your father has died”);
- ◆ To be told that the body stops working and feeling when it is dead;
- ◆ To be given small amounts of information at a time, but as often as the child requests it;
- ◆ To be told and to feel that it is okay to ask questions about the death and to show emotions;
- ◆ To be told that they did not cause the death to happen and that they are not bad for having had negative thoughts about the deceased;
- ◆ To have permission to be/not be involved with rituals such as funerals (give them a choice);
- ◆ To have a supportive adult available for them to talk to as much as possible;
- ◆ A model of “how to grieve” and express their emotions;
- ◆ To not be told things like “Stop acting like a baby” when they are upset or crying;
- ◆ To be encouraged to participate in concrete activities and chores such as helping to clean the house;
- ◆ To be allowed to help without taking on too much responsibility; and
- ◆ To have the opportunity to have fun and play.

9 to 12 Years

Children at this age are becoming less self-centred and developing a sense of empathy for others. In doing so, they become more aware of what others are thinking of them and how people will react to them. They may worry that others will think they are immature or “babies” if they cry. They are still quite curious about death but are beginning to understand that it is a part of life and that it can happen to anyone, including themselves.

This new understanding increases their realistic fears about death and whether or not death is painful. They begin to think more about how the death will affect other people around them and are interested in what happens to the body after it dies, such as the idea of “spirits” and “the afterlife.” Although they now see death as a part of life, they do question the reason for death.

In response to grief the 9-12 year old may:

- ◆ Try to hide their emotions as they want to be seen as “grown ups;”
- ◆ Show their grief through poor performance at school or behavioural problems or by wanting to be by themselves;
- ◆ Show increased signs of anxiety and fears about their own and others deaths;
- ◆ Show great concern for how others are feeling/coping;
- ◆ Express concerns about the future and their own health;
- ◆ Ask numerous questions about the death/illness; and
- ◆ Display regressive behaviours such as temper tantrums, bedwetting, and nightmares.

They need:

- ◆ Honest and accurate information about the death;
- ◆ Lots of opportunity to ask questions;
- ◆ To feel safe to ask questions;
- ◆ Respect for their privacy and wishes to be alone;
- ◆ Reassurance about their future;
- ◆ A loving and secure adult whom they can talk to and who is comfortable with the variety of emotions involved in grieving;
- ◆ A role model for how to express their grief;

- ◆ Someone to tell them that the emotions that they are feeling are normal; and
- ◆ To be included in rituals related to the death or saying good-bye.

13 to Adulthood

Adolescence is a time of intense thinking about oneself, one's feelings, and one's thoughts about how the rest of the world views you. Youth understand the finality of death and spend a great deal of time thinking about how death will affect them and others. They may even "fantasise" about their own death and who would come to the final rituals and what they would say. However, they may at times still think that death will not happen to anyone they love.

Youth want to be like everyone else, but often feel that no one else understands them or has experienced their feelings, especially adults. This makes the process of grief and finding someone to talk to difficult. They relate best to other youth. There is often a fear of death as they understand it and realise that it is something that they cannot predict or control. They may be afraid of seeing the body of the deceased for fear of what it will look like, as they are very concerned with appearances. They may also feel guilty about things they did or did not do when the person was alive.

In response to grief an adolescent may:

- ◆ Show signs of withdrawal and turning their feelings inwards;
- ◆ Be angry at the survivors;
- ◆ Idealise the person who has died;
- ◆ Want to be with friends instead of family, which may cause them to feel guilty;
- ◆ Seem unaffected by the death or unable to cry; and
- ◆ Act out their feelings by
 - failing at school,
 - getting into fights,
 - being rude,
 - running away from home,
 - getting in trouble with the law,
 - beginning to drink alcohol and/or take drugs,
 - becoming sexually promiscuous, and/or
 - talking about or showing suicidal tendencies.



They need:

- ◆ Respect and privacy to grieve in their own way;
- ◆ To have their feelings respected;
- ◆ Involvement in planning and family discussions;
- ◆ Honesty and openness if they ask questions;
- ◆ To NOT be constantly questioned about how they are feeling;
- ◆ Permission to be around their peer group;
- ◆ To be given ongoing typical discipline, rules, and responsibilities;
- ◆ To NOT be allowed to fail or stop attending school;
- ◆ A caring reassuring person for them to talk to that is outside of the family (confidentiality);
- ◆ Encouragement to express their grief in other ways (for example, through sports, writing and music, drama, or art);
- ◆ Reassurance that the deceased person loved them, even if things were not always great at home; and
- ◆ Reassurance about their future.

There are three important questions that children will/may think about and need answered following a death:

- 1. Did I make this happen?*
- 2. Will I/you die next?*
- 3. Who will take care of me?*

"Children's grief is different from adults, the younger the child the more different the grieving. Young children don't usually maintain a continuous level of sadness. Instead you see happy, happy, happy, DEVASTATED! Young children go through enormous peaks and valleys of grief."

McCue, 1994

Once again, ensuring age appropriate care and support for children affected by migration and HIV/AIDS requires an understanding of children's normal developmental stages along with the variations caused by the situation, as well as an understanding of the developmental stages of children's grief. With this information, guidelines for supporting children of different ages can be developed and programs can ensure the use of age appropriate interventions and tools.

Examine various facets of care required for children affected by migration and HIV/AIDS in SE Asia. Consider which interventions would be necessary and appropriate for a young child (under 6) and which interventions would apply to an adolescent.

Some of the different facets of care and support required throughout a child's development include:

Physical:

- ◆ Ongoing physical care, food, shelter, and clothing;
- ◆ Medical attention and treatment as required;
- ◆ Support for the care of ill parents so children do not shoulder this responsibility; and
- ◆ Financial support and/or life-skills training that assists in income generation and decreases the need to migrate or enter into high-risk professions.

Emotional:

- ◆ Being able to stay with parents as long as possible;
- ◆ A consistent caring and competent person to talk to and meet the child's developmental needs;
- ◆ Ongoing emotional support, including grief counselling and acceptance appropriate to the age of the child; and
- ◆ Peer support.

Social:

- ◆ Opportunities to participate in decision-making, prevention programs, and the administering of care according to their developmental age and their abilities;

- ◆ Legal arrangement for the child's future such as guardianship, alternate care, wills to ensure that they get the property, house or other material goods;
- ◆ Understanding and support from the community, and non-discriminatory treatment;
- ◆ Local policy development and legislation supporting vulnerable children; and
- ◆ Community mobilisation to support vulnerable children.

Cognitive:

- ◆ Access to information;
- ◆ Understanding, flexibility, and support from teachers to ensure ongoing education;
- ◆ Teaching parenting skills to older children; and
- ◆ HIV/AIDS prevention education designed for different age groups to ensure understanding (for example, drama and play for young children and sexuality and condom use workshops for youth).

How does the family and home community provide care and support for children and youth infected and/or affected by HIV/AIDS?

How do border communities provide care and support for children infected and/or affected by HIV/AIDS?

How do host country communities provide care and support for children infected and/or affected by HIV/AIDS?

How can all of these children and youth affected by migration and HIV/AIDS be better supported?

Some examples of how communities are presently providing or not providing support for children affected by HIV/AIDS were shared during field visit interviews in Myanmar and Northern Thailand in September 2000.

One way that our community tries to support children when their parents are ill is that Elders go to talk to children to tell them that their parents are sick. But they don't tell them exactly what it is. Most young people go to fortune tellers or monasteries to open their hearts when they are having problems.

SCF (UK) field visit interview, Sept. 2000

Sometimes in Thailand we still see property taken from immigrant women and children when the man dies. This greatly increases their vulnerability. We must find a way to stop this.

SCF (UK) field visit interview, Sept. 2000

'Labia' is a ceremony that we do in Myanmar that ensures the separation of the child's and the parent's soul. We call the souls butterflies. Some communities measure the height of the child with a string and put this in the parents coffin or they use one of the child's hairs. Other communities have a 'Beosia' or trained healer perform a ceremony with seven halved betlenuts. She throws these into a bowl full of water and if they surface face up this means that the souls are free. We believe that this helps the children, but only the oldest child is involved in this ceremony.

SCF (UK) field visit interview, Sept. 2000

After seven days, the monks come to give offerings and to preach to the family about death. The teachings of the Buddha help the children to understand and accept the death of their parent. They also know that they still have their spiritual guardians to help them.

SCF (UK) field visit interview, Sept. 2000

SOCIALLY RELATED CARE AND SUPPORT

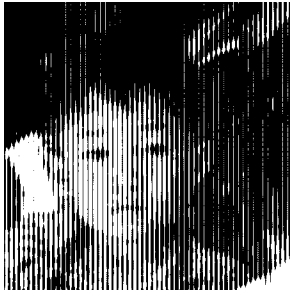
Community workers need to be aware of local, national, and regional support structures for children infected and/or affected by HIV/AIDS.

How can your project/program augment the existing community care and support to ensure children's well-being?

What are the local policies and rules governing the care and support of these children? These may involve cultural traditions, community rules, or local governance structures.

Are traditional legal systems (for example, elders and councils) supportive of vulnerable children?

What laws exist in the country with respect to providing care and support for these children and decreasing their vulnerability? Whose responsibility is it to enforce these laws?



What regional supports, such as trafficking laws, are in place to promote and protect children's rights?

Be sure to consider the laws in the children's community and country of origin, and the laws in the host community and country, when working with young people affected by migration.

By increasing the community's awareness of these laws and holding organisations and governments accountable, these laws can be used to support programs and to request further government support, either financially or morally.

What global or regional laws, treaties, or conventions exist that could be used to support plans of action in bettering the situation of children infected and/or affected by migration and HIV/AIDS?

Many communities think of laws and regulations as being far from their local reality and thus having little relevance. These laws and regulations do affect the children however, and thus, it is not only important to be aware of them, but to use them to try to influence positive change.

Some examples of laws and policies that can be used to support vulnerable children include:

- ◆ UN Convention on the Rights of the Child;
- ◆ UN Declaration of Human Rights;
- ◆ International Labour Organisation (ILO) Conventions No. 29, 123, and 169;
- ◆ Country Constitutions;
- ◆ Local laws governing citizenship;
- ◆ Local laws governing child protection;
- ◆ Local laws governing rights and services for ethnic minorities;
- ◆ Local laws governing rights and services for migrants and refugees; and
- ◆ Local laws governing the care, support, and education of children.

It is often an overwhelming task to locate and understand all applicable laws and policies. Thus, it is advisable to collaborate with other agencies that work in this area. Together with support agencies, such as the Southeast Asian Foundation for International Legal Defense (SEAFILD), local political structures, and the community it may be possible to bring these policies and laws to life in a meaningful way at the community level. In this way, they can truly benefit the vulnerable children.

Where laws exist that do not support vulnerable children, support agencies, local political structures, and the community can work together to advocate for change. Global treaties like the UN Convention on the Rights of the Child (CRC), the UN Declaration on Human Rights, and the ILO Conventions can be used to support these requests for change. Country specific Constitutions may also offer support in this area.

Many ethnic minorities have their own legal codes and systems of dispute resolution. Where appropriate, these should be identified and ways found to harmonise these laws with national statutes and the CRC. Strategies that support a continuum of care and support for vulnerable children that are reinforced by most global and local conventions and laws are those that:

- ◆ Strengthen the capacity of families to cope with their problems;
- ◆ Mobilise and strengthen community-based responses;
- ◆ Increase the capacity for children and young people to meet their own needs;
- ◆ Support children's sense of belonging and a healthy connections to their peers, family, and culture (for example, language, religious beliefs, customs, and home territory);
- ◆ Ensure that local, municipal, and national governments protect the most vulnerable children and provide essential services; and
- ◆ Create an enabling environment for affected children and families.

Adapted from Hunter and Williamson, 2000

These strategies assist children in attaining what they require and protect their rights.

A CONTINUUM OF CARE AND SUPPORT FOR CHILDREN CHECK LIST

Check off the items that have been completed and develop strategies to meet the remaining criteria.

To Determine Levels of Social Responsibility:

- Be aware of the local, regional, national, and global laws and policies concerning care and support for children infected and/or affected by HIV/AIDS in your area.
- Understand the local, regional, national and global laws and policies concerning care and support for migrant children.
- Identify and establish relations with the people or organisations that are responsible for enforcing or putting these laws into place.
- Understand the obstacles to the implementation of these laws and how these obstacles could be overcome.

To Identify Types of Support:

- List the governmental, non-governmental, community, and individual programs and services for vulnerable children (for example, legal, medical, education, protection).
- Determine whether the services and resources address HIV/AIDS awareness, prevention, education, emotional, spiritual, and physical support as well as treatment.
- Determine whether the services and resources address issues specific to migrant and trafficked children, living in border areas, border towns, and in host countries.

To Facilitate Children's Development:

- Identify local resources that enhance children's development at different ages (for example, a young child may need love, support, and physical care while an adolescent may also require skills training).
- Ensure that support is available for all ages of children throughout their developmental process.
- Establish opportunities for children and youth to participate in programs and services.
- Ensure that the children and youth are letting others know what they need.
- Ensure that there are opportunities for children and youth to participate in decision-making processes.
- Determine whether opportunities and expectations are different for a 4 year old than they are for a 13 year old.
- Understand how children at different ages express grief and how to support them through this process (for example, what does a 2 year old experiencing loss require; an 8 year old; a 15 year old).

Inter Mountain Peoples Education and Culture in Thailand (IMPECT) is an organisation that tries to provide a continuum of care and support for vulnerable children in Thailand.

IMPECT's programs support hill tribe youth in obtaining higher education and protecting their rights. The programs draw on traditional cultural practices to support the rights of the children. They work with all ages of children, providing youth

with support for school fees, courses, and HIV/AIDS education, and preschoolers with education about their cultural traditions. The board works at the policy level, while their field staff works at the community level. Program staff are able to help community members understand government procedures and assist in the completion of required forms.

Collaboration with other NGOs is also part of IMPECT's strategy. Thus, they are able to partner with other organisations to ensure that care and support for children affected by HIV/AIDS and migration is in place in the community.

Interview with IMPECT staff, May 2000

At the "Children and Youth in Border areas: HIV/AIDS and Rights Issues" workshop, held in Chiang Mai on September 4th, 2000, several agencies working in the area came together to identify:

1. The types of work being done in the area of HIV/AIDS, migration, and supporting vulnerable children; and
2. The gaps in the "continuum of care and support" for vulnerable children affected by migration and HIV/AIDS.

To strengthen the "continuum of care and support" for children affected by HIV/AIDS and migration, the working team identified the need to:

- ◆ Work collaboratively with other organisations;
- ◆ Work collaboratively with whole communities;
- ◆ Involve young people;
- ◆ Build better linkages between communities and government;
- ◆ Gain a better understanding of children's rights and how to use the CRC to support children at risk;
- ◆ Work within cultural contexts to build on strengths and advocate for changes to harmful practices;

- ◆ Learn how to provide effective emotional support to children and youth; and
- ◆ Involve all members of the community in the “continuum of care and support,” including men, youth, and children.

Chiang Mai Workshop, Sept. 2000



PROMOTING CHILDREN'S PARTICIPATION

While the success of programs and policies depends on the inclusion of family, community, and cultural perspectives, it is also crucial to involve children and youth in all stages of design and implementation of programs and policies to ensure their effectiveness.

The CRC outlines several areas related to children's participation. These include:

- ◆ Preservation of Identity (Article 8);
- ◆ Freedom of Expression (Article 12 and 13);
- ◆ Freedom of Thought, Conscience, and Religion (Article 14);
- ◆ Freedom of Assembly (Article 15);
- ◆ Access to Information (Articles 13 & 17);
- ◆ Special Support for Children with a Disability (Article 23);
- ◆ Education for Personal Fulfillment and Responsible Citizenship (Article 29);
- ◆ Access to Culture, Religion, and Language (Article 30); and
- ◆ Play and Participation in Cultural and Artistic Life (Article 31).

The CRC recognises and emphasises that the degree or level of children's participation is determined by the age and maturity of the child, and acknowledges the rights and duties of parents (or legal guardians) to provide direction and guidance for children. The CRC provides guidelines for the expression of these rights to ensure that they do not infringe on others. For example, freedom of expression must respect the rights of others.

How children participate in the world around them (their family, community, and their culture) defines their personal identity and self-esteem (Article 8). Cultural traditions and other activities in which they participate, including play (Article 30 and 31), are integral to this. Thus, migrant children are especially disadvantaged for migration often alienates children from

their community and culture and decreases opportunities to participate in meaningful ways. As a result, many migrant children lack a sense of personal identity and are invisible in the country of settlement. It is therefore especially important to ensure meaningful participation of this vulnerable group, both to assist in the development of their personal identity and to ensure relevance and effectiveness of interventions. (See circle diagram p. 11).

Key to this issue of participation is the belief that young people are active participants in their development, and should be provided the opportunity to express their ideas, be informed and participate in decisions regarding their lives. This definition does not exclude parent's role as protector and guardians, but rather extends traditional support to families to include specific actions with children and youth. Children are not seen in isolation, but rather as one actor in a system of many players.

SCF (UK), 2000

MEANINGFUL PARTICIPATION IN THE CONTEXT OF A CHILD'S COMMUNITY AND CULTURE

The concept of children's participation is often threatening to people from traditional cultures where children are not encouraged to be outspoken and respect for elders is highly valued. Western style advocacy models of children's participation are sometimes seen to conflict with the primary values of SE Asian cultural traditions, such as listening before speaking, or deferring to elders and adults. However, the ways children participate in decisions concerning them can take many forms. Listening, taking part in traditional ceremonies, and expressing views in a culturally appropriate manner are also examples of participation.

All societies and cultures have rules and regulations regarding children's participation, and it is essential that families and communities are involved in deciding how young people will participate in projects and programs. Only by involving all community members, old and young, can children's rights and children's participation be realised in a manner that is effective in their community and culture.

One tool that can be used to explore the issue of participation in relation to culture and the CRC is the sacred tree. The tree of participation has several parts, each representing a different aspect of a child's life.



- ◆ **Seeds** represent the experiences of children and youth.
- ◆ **Roots** represent supportive cultural traditions.
- ◆ **Trunk** represents the protection from the CRC and other legal documents.
- ◆ **Branches** represent the potential strategies to use.
- ◆ **Fruit** represents a final action plan and examples of how children, youth, and communities have used the CRC and/or cultural strengths to improve the lives of vulnerable children.

ICRD, 1999

Ask the children in the community to draw a tree to reflect their own reality. Discuss their trees with them. How do they view their participation within this context?

Now do this activity with a group of children or a section of the community. How are the trees similar and different? How is children's participation viewed by the community within this context?

For more information on how to use the tree of participation see *ICRD, 1999* or "Growing strong" at www.uvic.ca/icrd

Determining how children traditionally participate in their families and communities gives community workers a basis from which to work. The next step is to engage children in active participation that will enhance their well-being and strengthen the effectiveness of care and support programs.

LEVELS OF PARTICIPATION

There are many ways to facilitate participation, but in order to do so, one must understand the different levels of participation. One way to develop such an understanding is through a “theoretical ladder” (Hart, 1997). The ladder has eight levels of participation.

Ladder of Participation

Manipulation refers to adults consciously using children’s voices or artwork to carry their own message without any involvement of the children themselves. Deception is often involved in presenting work or programs as completely child done when adults actually completed much of the work.

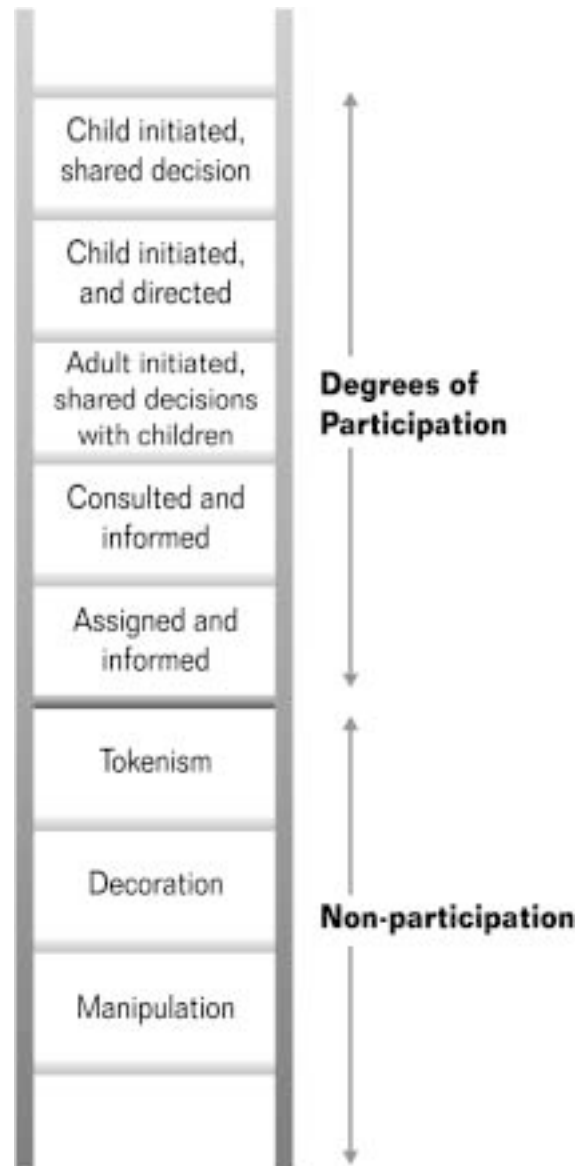
Decoration refers to having children promote a cause using T-shirts, pins, or some other means without any understanding or involvement in the process.

Tokenism refers to involving children without allowing them to formulate their own opinion or have any say or choice on the subjects, content, and style of expression.

Assigned and informed refers to adult directed activities, in that adults give the children tasks to do while offering them information about the role, its affect in the overall plan and the desired outcome.

Consulted and informed refers to seeking children’s opinions about a project or the roles of each player while ensuring that they have accurate information about the issue, potential roles, and potential outcomes.

Adult initiated, shared decisions with children refers to programs or activities that are conceptualised and started by adults, but involve children in decisions that determine the direction of the project and the activities to be carried out.



Hart, 1997

Child initiated and directed refers to initiatives that are conceptualised, started, and directed by children.

Child initiated, shared decisions with adults is conceptualised and started by children with all decisions involving children and adults equally.

The upper five levels respect the knowledge and capabilities that children have to offer. Thus, programs and projects trying to promote participation should strive to work within these upper levels while avoiding the first three levels of the ladder. The age, capabilities, and training of the children, as well as cultural norms and the goals of the program will determine which level of participation should be used. These levels may change as the children, the project, the program, or community evolves.

Consider the different levels of participation on the “theoretical ladder.” What levels of participation are you encouraging in your program or project?

What are some of the obstacles to participation?

Could the level of children's participation be increased? If not, why? If yes, how could you facilitate this?

Do the issues specific to HIV/AIDS and migration affect the level of participation?

WAYS OF PARTICIPATING

Remember that participation involves children being part of their social environment. It allows them to have some control over the issues affecting them, verbally or through other forms of expression. It also includes having access to information about different aspects of their lives, including civil, economic, political, cultural, and religious aspects. Allowing for a variety of participation methods within programs maximises children's involvement, for different children participate in different ways, depending on their age, ability, and learning style.

List as many different ways to participate as you can. Consider children from 3-6, 7-9, 10-12, and 13-18. Also, consider differences between male and female participation. Group similar approaches together. Could any of these approaches be used to involve children in programs related to HIV/AIDS and migration?

Tools Used to Facilitate Participation

Some tools that can be used to facilitate the participation of children and youth include:

- ◆ Role Play and Drama;
- ◆ Games;
- ◆ Artwork (drawing, painting, collage);
- ◆ Mapping and Modelling;
- ◆ Interviews and Surveys; and
- ◆ Media and Communication.



Are there presently any barriers to participation of children in HIV/AIDS programs that you can identify?

Some barriers to children's participation that commonly exist are:

- ◆ Children are not heard by decision-makers;
- ◆ Girls are taught not to speak or express their opinions, especially in the presence of boys or elders;
- ◆ Younger children are taught not to challenge or contradict older children's and adult's statements;
- ◆ Adults do not know how to support children's participation; and
- ◆ The potential danger of participation.

With creativity and willingness, most barriers can be overcome. In one case, children who were not able to advise the decision-makers in their community of their opinions or ideas, as it was deemed improper, decided to work collectively with a supportive member of the community who then took the ideas to the decision-makers. In another project, different ages and sexes would gather separately to discuss issues prior to forming mixed groups. This allowed for input from all of the children.

*Asian field visit interviews,
Sept. 2000*

Creating a Safe Environment

As depicted above, there are many ways of involving children, but unless children feel safe, they will not participate. Community workers need to know how to create a safe environment for children to learn and participate in programs and decision-making. This is especially important for migrant and trafficked children for whom participation may be dangerous or even life threatening.

This can be accomplished by:

- ◆ Finding a place where children feel safe and comfortable meeting;
- ◆ Encouraging both listening and speaking;
- ◆ Allowing the children to answer as many questions as possible;
- ◆ Affirming cooperation;
- ◆ Letting the children know they are normal, no matter what they express or experience;
- ◆ Encouraging curiosity, self-respect, self-expression, and acceptance, both of themselves and the group;

- ◆ Not judging the process or the outcome; and
- ◆ Inviting a respected elder or person in the community to share their experiences or to teach the children a traditional song or practice that can be used to open and close the children's sessions together (this shows tangible support from the community).

Other Points to Remember when Working with Children

1. Be open and respectful and start with the experience of the children.
2. Be flexible and encourage participation.
3. Be creative and offer ongoing support and acknowledgment to each child.
4. Be a mentor and a model and be prepared to offer ongoing support to the children/youth or set up community-based mechanisms to support the participants when your program ends.
5. Use the first language of the children/youth where possible and encourage and model child supportive cultural values and traditions in all activities.
6. Be a good listener. Listening carefully to children and youth helps to improve understanding and develop a positive relationship. It also shows the children/youth that you respect what they have to say. Listen with an "open heart," be empathetic, and do not judge what they are saying or take on an authoritarian role and tell them what to do.
7. Watch and listen carefully for verbal and non-verbal "cues" to how the children and youth are feeling.
8. Periodically ask the children and youth how they are doing.
9. Allow children to play, as play is a form of participation.
10. Respect children's privacy.

When children are listened to, they feel empowered. When you take the time to record their ideas, they feel their opinions are valuable. Then they begin to trust themselves.

Thai field researcher, Aug. 1998

UNICEF's Mekong Region STD/HIV/AIDS Project advocates for youth participation and youth friendly support services:

"The project will support and monitor youth-friendly support services in order to meet the health and developmental needs of youth. This component will be developed and managed by youth through their participation in groups, which will be set up in each province/district of implementation. These groups will determine the most appropriate services to be provided, which will likely include counselling, contraception, and STD diagnosis and treatment. To meet the broader needs identified by youth, services may also include job counselling and marriage preparation."

UNICEF, 2000

Children infected and/or affected by HIV/AIDS will be among project/program participants. When working with these particularly vulnerable children, community workers will also need to know how to discuss sensitive issues and how to talk to children who are psychologically distressed. A basic knowledge of grief and tools to support children through their grief are necessary.

ENSURING CHILDREN'S PARTICIPATION CHECK LIST

Check off the items that have been completed and develop strategies to meet the remaining criteria.

To Ensure Participation in the Community:

- Discuss child and youth participation with members of the community.
- Determine how children participate in the community the roles that they play.
- Understand how participation differs with different ages and sexes of children and youth.
- Discover if there are forms of play that children use as a way to participate.
- Find a safe place for children and youth to express themselves.
- Discuss participation with the children and youth directly.

To Ensure Participation in the Culture:

- Understand how children and youth traditionally participated in the different areas of their life.
- Determine which methods or styles of participation are culturally appropriate and meet the developmental needs of the children and youth.
- Establish safe cultural places that encourage children's participation.

To Ensure Participation in Programs:

- Have the children and youth identify the issues that are most important to them.
- Ensure that the children and youth come up with potential solutions to some of the issues.
- Allow the children and youth to choose ways that they want to be involved in programs related to HIV/AIDS and migration or other issues that they have identified.
- Establish ways to support children and youth in their desired involvement in the delivery and design of all HIV/AIDS and migration projects.

To Ensure Participation in a Continuum of Care and Support Framework:

- Ensure that all HIV/AIDS and migration projects link participation in awareness, prevention, and care and support programs.
- Ensure that organisations and members in the community are able to support the children in their choices.
- Promote participation by helping link communities with local government.
- Identify and use age appropriate participation strategies.
- Attempt to connect prevention with care and support programs when discussing participation.

Other ceremonies that honour children and include children's participation include the Name Giving Ceremonies @ 1 year and the ceremony held for boys when they become novice monks.

SCF (UK) field visit interview, Sept. 2000

During a field visit many young people at a Karyn school identified that migration was leading to increased HIV/AIDS infections and stated that "the whole race will be extinct if we carry on like this." In further discussions, the youth felt that they could participate in decreasing the spread of this incurable disease by becoming peer educators and by helping the community health worker disseminate information.

SCF (UK) field visit interviews, Sept. 2000

EXPLORING THE ROLE OF CULTURE IN SUPPORTING VULNERABLE CHILDREN

The issue of culture has been mentioned frequently in this manual. The important role of incorporating cultural traditions in supporting vulnerable children and families cannot be overemphasised, and yet it continues to be overlooked in most programming.

Culture forms the foundation of a child's life and shapes their development and social reality. Cultural norms and values related to child rearing practices are central to ways in which children are either supported or made vulnerable.

Cultural values are often expressed through traditional teachings about different aspects of life (for example, education, codes of law, healthcare practices, rituals, festivals, artistic activities, and the expression of care and support). Cultural specialists, often elders, are both the carriers and transmitters of cultural values. Therefore, elders can play a key role in the revitalisation of traditional methods that support children's rights and support changes to traditions that are harmful and adversely affect children's development.

Make a list of the child supportive traditions in their culture. Now list some harmful cultural traditions. Are there some traditions that could be seen as both supportive and harmful to children?

One of the issues faced by ethnic minorities and migrants is that their cultural values and beliefs conflict with the cultural norms of the dominant society in which they live. This can be confusing for children and youth. In situations where they lack the support of their traditional community, they will often adopt a way of life that fits within the dominant society. This creates internal conflict and alienates them from their traditional forms of support.

We need to build on child supportive cultural traditions and facilitate the change of non-supportive ones.

*IMPECT representative, Chiang Mai
Workshop, Sept. 2000*

When working with these children and youth about issues of culture, it is important to:

- ◆ Look at the cultural systems and values in their home, transit, and host communities;
- ◆ Identify strengths and weaknesses, with regard to child supportive practices, in both systems;
- ◆ Involve elders, community members, and children and youth in this process;
- ◆ Devise a plan of action for supporting children and youth, which builds on the strengths of both cultures; and
- ◆ Provide ongoing support for children and youth, both in their traditional communities and in the dominant society.

Discuss the child supportive traditions in the dominant (host) culture. Now list all of the harmful cultural traditions. How do these contrast with the traditional (home) culture of the children and youth with which you are working? Are there ways to build on the strengths of the two cultures? How might support for the children and youth living in the dominant culture be provided?

CHILD SUPPORTIVE AND HARMFUL CULTURAL PRACTICES

Child Supportive Cultural Practices

Extended family
Sense of belonging
Traditional naming
Use of medicinal plants

Harmful Cultural Practices

Traditional discipline involving the beating or humiliation of wives and children
Lack of education, especially for girls

*Child Supportive
Cultural Practices cont'd*

Traditional healing
Traditional education
Traditional dispute resolution
Role of elders
Myths/Stories/Legends
Positive rites of passage
Protection rituals
(against premarital sex, etc.)
Traditional games that enhance the
collective
Spiritual healing
Reinforcement of community and family
Involving children in rituals and/or
religious rite.

*Harmful
Cultural Practices cont'd*

Protection rituals causing bodily harm
Early marriage for girls
Exploitive and/or risky child labour
Migration
Selling daughters
Sending girls to work as prostitutes
Food taboos causing malnutrition



"Than-yaw-zin" is what we call our attachment to place and culture. By supporting this in young people, we may have a chance at slowing migration. The increased potential to earn money and a promise of a better life are strong pulls for young people. We need to ensure that their attachment to their land of origin and to their cultures are stronger and we need to ensure that they can make a living here. It is the only way to stop migration and stop this vicious cycle contributing to the spread and impact of HIV/AIDS."

SCF (UK) field visit interview, Sept, 2000

CULTURAL SUPPORTS FOR CHILDREN INFECTED AND/OR AFFECTED BY HIV/AIDS

Migrant children and youth infected and/or affected by HIV/AIDS are often vulnerable due to cultural change. Many have lost the traditional support of their community and culture, and are frequently forced to rely on lifestyles within the dominant society that do not support children's rights and well-being. Therefore, by supporting the revitalisation of child supportive traditional practices, programs can reduce the negative impacts of HIV/AIDS on migrant children and youth.

Child supportive values that form the basis of traditional cultures typical of many ethnic minority communities where SE Asian HIV/AIDS rates are highest, include:

- ◆ The sacredness of the continuity of life and connection to past generations;
- ◆ The importance of family;
- ◆ An emphasis on positive relationships and egalitarianism;
- ◆ The fundamental role of nature and natural law to all aspects of life; and
- ◆ A commitment to spiritual health and well-being.

ICRD, 1996

Every culture has its own methods of demonstrating these and other key child supportive values. Through the use of various rituals, ceremonies, and artistic activities children are encouraged to explore and learn these values. In most ethnic minority communities, the natural environment is the first teacher and many traditional teachings come from this relationship with the earth.

Many of these people are rooted in their lands that have given birth to traditions, stories, traditional art, music, and prayers unique to the places where they and their ancestors have lived for generations. It is important to look at these traditions and to try to understand how they support the rights of children and to seriously examine the effect of forced migration and ethnic conflicts and how this negatively affects children.

While these values support children infected and affected by HIV/AIDS, there are several

Sometimes it is difficult, for the ethnic leaders are imposed on communities by the government. It is the traditional leaders or Shaman that know the traditional ways. The other leaders only focus on laws.

Chiang Mai Workshop, Sept. 2000

practices that traditional cultures found throughout SE Asia continue to use or have adopted from the dominant culture that fail to support children. These include:

- ◆ Migration;
- ◆ Sexual initiations with potentially infected commercial sex workers;
- ◆ Sale of girls into commercial sex work;
- ◆ Use of commercial sex workers;
- ◆ Use of drugs;
- ◆ Resistance to condom use due to importance of women's fertility and desires for sons;
- ◆ Unwillingness to talk about sex and related issues;
- ◆ The lack of power for girls to choose safe sexual practices; and
- ◆ Discrimination against girls.

Discuss these issues with elders in the community. How can the basic values of traditional cultures (and the CRC) be used to advocate for the change of these harmful practices?

In our community unmarried men, led by "Lu pyo gaung" and the unmarried women led by "Ah pyo gand" form groups to look after issues like weddings, birthdays, funerals, hospitalisations, etc. They talk a lot about sex. I think that they should know more about children's rights and issues that children are facing with HIV/AIDS so that they could play an active role in supporting these children.

SCF (UK) field visit interview, Sept. 2000

BUILDING ON CULTURAL STRENGTHS CHECK LIST

Check off the items that have been completed and develop strategies to meet the remaining criteria.

To Support Traditional Culture:

- Determine what cultural values and traditions in the community support children and youth.
- Determine what cultural values and traditions fail to support children and youth.
- Understand how these values are transmitted.
- Understand how issues of HIV/AIDS and sexuality are dealt with in the traditional culture.
- Understand how boys and girls are treated differently within the culture.
- Identify specific times or events when children receive special attention in the community (for example, rites of passage, celebrations).
- Determine how HIV/AIDS programs can integrate or build upon these events.
- Ensure that respectable traditional people or elders are involved either directly or indirectly (as advisors) in HIV/AIDS and migration programs.
- Ensure that children and youth are involved in ways that correspond with their cultural upbringing.

To Understand the Impact of a Dominant Culture:

- Identify the cultural differences between the traditional community and dominant society.
- Understand how the children, youth, and the elders in the community experience these two cultures.
- In collaboration with the children, youth, and the elders identify cultural strengths within the two cultures that they would like to build upon or strengthen.
- In collaboration with the children, youth, and the elders identify cultural practices within the two cultures that are harmful to children and how they plan to address these.
- Determine how the project staff can facilitate change in a respectful manner, if negative practices are not being addressed.

Culture and Sexuality

Save the Children Fund (UK) Myanmar uses traditional activities such as poems, stories, and songs that are shared with them by elders to work with the young people in discussing the often difficult or taboo subject of sexuality.

Some examples include:

Using traditional poems (for example, "Why does the pauk tree bend?") to look at cause and effect relationships in helping young people understand how their behaviours impact the spread of HIV/AIDS.

Critically examining proverbs and songs from Myanmar (for example, "A real he-man has a thousand wives!" "For the women, the son is her master and the husband her god," and "Pots placed together will touch each other...and ropes placed together will get entangled") to enhance understanding of social norms and gender roles and explore changes that need to occur.

Using familiar or slang terms for body mapping to decrease young peoples' discomfort with this subject.

Examining relationships in terms of the number of ties (for example, in Myanmar people divide love into "528 ties" for mono-sexual relationships and "1500 ties" for sexual relationships). This activity allows young people to explore their perception of sexual and non-sexual relationships, including those inside and outside of marriage and to examine cultural practices involving sexuality.

SCF field workers find that using these local expressions assists in the breaking of the silence surrounding adolescent sexuality in the context of HIV/AIDS. Youth and their families are more able to discuss these difficult subjects and identify child supportive traditions, as well as traditions that lead to the contraction of HIV/AIDS.

Fledglings, SCF (UK)-Myanmar, June 2000



PUTTING THESE GUIDELINES INTO ACTION

The continuum of care and support, children's participation, and the context of culture are three key areas that need to be considered when establishing and delivering community-based programs to address the well-being of vulnerable children affected by migration and HIV/AIDS. Involving communities and children in this process and using the CRC as a foundation allows for better child advocacy and sustainability. The "Triple A" participatory action research process can be used for assessing, establishing, and continually monitoring community child-centred programs. This approach involves all community members and can be adapted to any number of areas where community input is required. It is a process that can be used to help community agencies support children's rights through their own holistic continuum of care and support.

The "Triple A" Approach



The "Triple A" approach is a tool to assess strengths and weaknesses in the local continuum of care and support, so that facilitators can use this information to help the community analyse

the information to create and carry out a plan of action that supports vulnerable children. This plan of action then mobilises community resources (human, economic, natural) to deal with identified issues by building on the internal strengths of children, the families, the communities, and culture as well as external resources of governments, NGOs, international agencies, and others.

In order to effectively carry out the “Triple A” approach, the following preparatory steps are required.

- ◆ Establish a presence or work with local organisations that already have a presence in the community and get to know people.
- ◆ Establish trust and respect in the community.
- ◆ Learn all you can about the community of the children and young people that you want to work with or assist.
- ◆ Find key members in the community — people who are well respected and who can offer an overall view of the community and can share information on traditional beliefs and culture.
- ◆ Find key groups within the community to provide information about the state and well-being of the community and the vulnerable children within it.
- ◆ Find out who the leaders and decision-makers are in the community. Meet with these people to establish a relationship and share your ideas on children’s needs. If there is a respected community member that shares your vision and desire to assist the young people and it is appropriate, bring them along. It is important to follow the expected protocol and to show the proper respect when setting up and going to these first meetings.

Throughout the “Triple A” process, it is important to be a good facilitator. Ensure that the community is involved in the process and allow community members to propose and carry out their own solutions.

Assessment

Once relationships have been established, the assessment phase can begin. Talk to key people in the community and bring groups of people in the community together to discuss the situation of vulnerable children. What are the problems faced? Find out what

For more detailed information on the “Triple A” see *Filling the Gaps: Research Report* <<http://www.uvic.ca/icrd; www.icad-cisd.com>>

the primary issues are and what supports (cultural, emotional, physical, and financial) are in place. Then identify the next steps to take to promote the well-being of the children.

To assess the impact of HIV/AIDS and migration on children, information may be gathered across several subjects or issues, particularly:



- ◆ The needs of all children;
- ◆ The rights of children as expressed locally;
- ◆ The factors that increase children's vulnerability to being infected and/or affected with HIV/AIDS (for example, poverty, migration, discrimination);
- ◆ The rights of children vulnerable to HIV/AIDS — physical, emotional, spiritual, and developmental;
- ◆ The number of orphans in the community;
- ◆ Coping strategies of vulnerable children;
- ◆ Coping strategies of families;
- ◆ Strengths/resources within the community;
- ◆ External resources; and
- ◆ Skills and/or resources required to increase family and children's ability to cope

Research tools such as key informant interviews (interviews with key people supportive of children) and focus group discussions can be used to gather this information. It is very important that people feel safe to attend and to participate in information gathering sessions. Information needs to be gathered in different groups (for example, younger children, older siblings, youth, children in school, children out of school, vulnerable children, mothers, fathers, teachers, healers, traditional leaders) and in places where each group feels safe meeting. The facilitator must ask the appropriate questions, encourage everyone to participate, and be sure not to influence the responses, if these assessments are to reveal accurate information.

When gathering information, it is helpful to write ideas and suggestions in a chart form and to have the participants prioritise strategies according to needs, rights, and feasibility.

When assessing community structure and values, it is important to consider:

- ◆ How migration is influencing family and community values and structures;
- ◆ How migration is increasing children's vulnerability;

- ◆ The role of extended families in caring for and protecting vulnerable children (for example, orphans);
- ◆ The role of other community members, including children and youth in supporting vulnerable children;
- ◆ The existence of support structures for the children (for both their physical and emotional needs) during parental absence, illness, death, and throughout the grieving process (for example, monasteries, schools, and/or role models in their life);
- ◆ The consistency of care and support for children;
- ◆ The use of legal support mechanisms to decrease children's vulnerability (for example, wills, standby guardianships); and
- ◆ The role of cultural/traditional practices that support or do not support children.

Analysis

In the analysis phase of the "Triple A" approach, the facilitator examines the information identified through interviews and discussions with individual community members and the different community groups. The facilitator must then organise the information into different themes or common issues. This can be done by:

- ◆ Keeping well organised written records from the focus groups and interviews;
- ◆ Organising the analysis in such a way that similar ideas or suggestions are grouped together; and
- ◆ Identifying key strategies.

Some themes and issues that may emerge include:

- ◆ The perceived risk factors for children;
- ◆ Local perceptions of the most vulnerable children;
- ◆ The greatest needs of vulnerable children in regards to both care and support;
- ◆ The health, education, protection, and psychosocial needs and rights of HIV/AIDS affected children (if these are not identified, you may wish to share this information with the community);
- ◆ The capacity for child and youth participation;

- ◆ Community, family, and cultural structures that already exist to support vulnerable children;
- ◆ Practices that do not support children;
- ◆ Available resources (for example, people – young and old; organisations – formal and informal; land; food; water; information; governmental support; and finances – local, national and global); and
- ◆ The role of government and advocacy agencies.

If your organisation wishes to support/run a program for vulnerable children, this may be included as one of the resources.

This information is then analysed to determine:

- ◆ The causes of the problems;
- ◆ The reasons why duty bearers are not fulfilling their responsibilities; and
- ◆ The potential roles of different duty bearers in solving identified problems.

The information is then brought back to the entire community, all of the people and groups that were involved in the process.

Action

After bringing this information back to the community, the facilitator helps the community to devise a plan of action to address the issues. For example:

- ◆ What are the possible solutions?
- ◆ Who are the key players?
- ◆ What is the role of the community?
- ◆ What is the role of government?
- ◆ How do they make this happen?

The facilitator does NOT come up with the solutions. They are there to facilitate and communicate information that was expressed by the community participants (for example, needs, strengths, weaknesses, and resources). The people themselves must develop their own plan of action, identify those responsible, and then carry it out. These actions may include:

- ◆ Advocacy (creating awareness);
- ◆ Capacity building (increasing ability to address issues);

- ◆ Service delivery (responding to proposed actions); and/or
- ◆ Monitoring and evaluation (ensuring achievement of objectives).

In developing the action plan, special consideration should be given to ways in which the community can use the “Triple A” approach to develop HIV/AIDS programs, which can be linked to local government programs and policies for children. NGOs and agencies working with both sectors of civil society can play a role in facilitating this process. Thus, external program strategies can be integrated into the community’s action strategy to ensure commitment, support, and a common vision. This is especially important in ethnic minority communities that have weak links with local and national governments.

When the action phase has been completed, the facilitator can go back to the assessment phase in order to see if the interventions were successful and to decide on the next steps. In this way, the cycle can be continued and adapted.

The “Triple A” cycle allows communities to build consensus and take positive action in assessing and developing their own continuum of care and support. With full participation of all community members and the use of community resources, this process ensures that the responsibility and the power remain with community, and that external programs support not only children, but their families and other community members.

In summary, the “Triple A” approach and process will:

- ◆ Identify child, family, community, and cultural strengths and resources, as well as weaknesses;
- ◆ Assist children, families, and communities to identify the most vulnerable children (for example, prioritise destination of resources);
- ◆ Assist children, families, and communities to use their own strengths to help themselves;
- ◆ Help families and communities identify and implement strategies that promote the rights of vulnerable children and youth;
- ◆ Facilitate a sense of responsibility in communities by using local resources and supports to help their vulnerable children and youth;



- ◆ Enable communities to identify external supports and build support networks; and
- ◆ Build stronger links between different levels of civil society by caring for and supporting vulnerable children affected by HIV/AIDS.

Save the Children's Participatory Action Research guidelines articulate that a project must be:

- ◆ Long-term;
- ◆ Build on strengths of the community and children;
- ◆ Respect local culture; and
- ◆ Include diverse ethnic groups.

These guidelines also state that all decision-making on projects must:

- ◆ Involve child participation;
- ◆ Be in the best interest of the child;
- ◆ Be socially progressive (for example, do not provide fish, but assist people in getting fish for themselves);
- ◆ Be sustainable;
- ◆ Be applicable;
- ◆ Be neutral;
- ◆ Be replicable;
- ◆ Have no religious bias; and
- ◆ Support the strategic framework of SCF (UK).

SCF (UK) Workshop, Myanmar, Sept, 2000

Finally, project successes and shortcomings need to be shared with the community, the government, and other organisations to keep all participants informed and motivated. This will also ensure that projects become part of the overall community plan, where roles and responsibilities for meeting the needs of vulnerable children are clearly defined.

WHERE TO GO FROM HERE CHECK LIST

Check off the items that have been completed and develop strategies to meet the remaining criteria.

To Build on Community Programs:

- Share project successes and challenges with the community.
- Ensure that the children share their perspective, either through words, art, drama, or another medium.
- Ensure that this is taken seriously and integrated into ongoing program development.
- Establish opportunities for families and other community members to share their perspective.
- In collaboration with the children, youth and other key resource persons, determine what the next steps will be.
- Identify clear roles and responsibilities for the next stage.
- Ensure that the children and the community “own” the project and are committed to it.
- Examine the degree to which care and support issues are addressed as a continual and holistic process.



To Bring Issues Forward:

- Determine how strategies to support children affected by migration and HIV/AIDS can be integrated into other development strategies.
- Discuss how a rights-based approach can be used as a framework for other programs and projects.
- Identify gaps in the continuum of care and support for vulnerable children and youth. Ensure that the next steps include plans to address these gaps.
- Integrate building on cultural strengths to support vulnerable children into these next steps.
- Ensure that the next steps include building on the strengths of vulnerable children through their participation.

CLOSING REMARKS

A continuum of care and support for vulnerable ethnic minority children affected/infected by HIV/AIDS that incorporates children's rights, participation, and culture is greatly needed with the ongoing spread of this deadly virus and all of its social ramifications. SE Asia continues to battle with issues of poverty, migration, trafficking, drug abuse, and lack of citizenship and, hence, services for ethnic minorities. There is however, a significant growth in innovative local, national, and regional programs supporting vulnerable children. Similarly, SE Asia's developing democracies hold great promise for taking the CRC from ratification to implementation.

It is hoped that these guidelines will help organisations maximise support for children and youth at risk, and facilitate the changes that are required to ensure that present community gaps in care and support for children affected by HIV/AIDS and migration can be filled. Only then, will the concerns of children living beyond the borders of their rights be heard, considered, and responded to within the circle of the human family.

LIST OF ORGANISATIONS

Organisations working in the area of HIV/AIDS and migration in Southeast Asia include:

AIDSNET

48/1 Chiang Mai-Lampang Road, Mo~o 3
Chan Puat, Muang Chiang Thailand
Tel/Fax: 052 222-417/053 222-484 Email: aidsnetf@loxinfo.co.th

Coalition to Fight Against Child Exploitation (FACE)

P.O. Box 178 Klongchen, Bangkok 10240 Thailand
Tel/Fax: 02 509-5782/02 509-2794 Email: face@internet.ksc.net.th

Education Means Protection of Women Engaged in Recreation (EMPOWER)

72/2 Raming Niwet, Tippanet Road
Chiangmai, 50000 Thailand
Tel/Fax: 053 282 5040 Email: dmpower@cm.ksc.co.th

End Child Prostitution Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT)

328 Phayathai Road
Bangkok 10400 Thailand
Email: ecpatbkk@ksc15.th.com Homepage: <http://www.ecpat.net>

Global Alliance Against Trafficking in Women (GAATW)

P.O. Box 1281 Bangrak P.O.
Bangkok 10500 Thailand
Tel/Fax: 02 864-1427-8/02 864-1637 Email: gaatw@mozart.inet

Hilltribe Education Center

76 Pratoo Chiangmai Road
T. Wiang A. Muang
Chiangrai 57000 Thailand
Tel/Fax: 053 745-148/01 960-5543

Inter Mountain Peoples Education and Culture in Thailand (IMPECT)

252 Muu 2, Tambol Sansaino
Amphur Sansai, Chiangmai Province Thailand
Tel/Fax: 053 492-544/053 398-592 Email: impect@ksc.co.th

Migrant Assistance Programme (MAP)

P.O. Box 7, Chiang Mai University
63/30 Soi Umong 4, Moo 8 Suthep District
Chiangmai 50200 Thailand
Tel/Fax: 053 811-202 Email: mapnet@cm.ksc.co.th

The Centre for the Protection of Children's Rights (CPCR)

185/16 Charansanitwong 12 Road
Bangkokyai, Bangkok 10600 Thailand
Tel/Fax: 02 412-1198/02 412-9833 Email: cpc@internet.ksc.net.th

Save The Children Fund (UK)

Regional Office
99/5 Sukumvit Soi 4,
Soi Samaharn, Klong Toey
Bangkok10110 Thailand
Tel/Fax: 662 251-7851/662 656-8114
Email: scfuk@seapro.or.th (Thailand)
myanmar@seapro.or.th (Myanmar office)
scfukhq@public.km.yn.cn (china office)
scflao@loxinfo.co.th (Lao office)

**Southeast Asia Fund for Institutional and Legal
Development (SEAFILD)**

15th Floor, Sindhorn Tower 3,
130-132 Wireless Rd., Lumpini,
Pathumwan, Bangkok, 10330 Thailand
Tel/Fax: 02 263-2114-6/02 263-2117 Email: seafild@loxinfo.co.th

UNICEF

Regional Office
19 Phra Athit Road
Bangkok 10300 Thailand
Tel/Fax: 662 280-5931/662 280-3563
Email: pborthwick@unicef.org

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