



Listen, secrets!

*Issues and research by children affected by HIV/AIDS
in Xinjiang and Yunnan, China*



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in Xinjiang and Yunnan, China**

A combined summary of two children's research projects in China:

***Secrets Confided by Children*
Yili Kazakh Autonomous Prefecture, Xinjiang Uyghur Autonomous Region
North-west China**

&

***Listen, the Voice of Growing Up: an Earnest Appeal from Children*
Dehong Dai and Jingpho Autonomous Prefecture, Yunnan Province
South-west China**



PUBLICATION DETAILS

First issued March 2006

Chinese versions of the two separate research reports from Xinjiang and Yunnan are available. The reports were written by Chen Qiang from the work of children in Xinjiang and Yunnan. Combined English version by Chen Qiang edited with additional chapter/material by Andy West.

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ACKNOWLEDGEMENTS

Sincere thanks to all children participating in the programme, child researchers and child interviewees, whose wisdom and passion enabled the programme to be implemented successfully. The real names of children and villages are not disclosed in this report at children's request.

Thanks to all parents who provided support, and thanks to families interviewed.

Thanks to our partners: Yili Prefecture Women's Federation, Women's Federation at the project sites; Yunnan Province HIV/AIDS Prevention and Treatment Work Committee Office, Department of Education, The Government of Dehong Prefecture, Yunnan Women and Children's Development Centre, Yingjiang County Education Bureau and Yingjiang

County Women's Federation; for their great support for the programme.

Special thanks are due to Zhao Qi (Beijing Office of Save the Children (UK) China Programme), Andy West (adviser of Save the Children (UK) China Programme), Elaine Ireland and Lindsay Daines (advisor of Save the Children (UK) South-East Asia Regional Office) for their technical support.

Staff involved in this children's research include: Zhang Hui (Anthropology Department of London School of Economics and Political Science), Rayhangu, Canaria, Yang Shuhui (Xinjiang Office of Save the Children (UK) China Programme); Zhou Ye and Chen Qiang (Beijing Office of Save the Children (UK) China Programme); Cai Long (Yunnan Office of Save the Children UK China Programme) and two volunteers from Ruili, Yunnan province.

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SUMMARY

This report, *Listen, secrets* is a report on children's research in two locations in China that are heavily affected by HIV/AIDS. Yining City, is in Yili Prefecture, Xinjiang in north-west China bordering countries of central Asia. Yingjiang County is in Dehong Prefecture, Yunnan Province in southern China bordering countries of south-east Asia. High HIV-prevalence in both areas stems from intravenous drug use, and their proximity to drug production areas in the 'Golden Crescent' and the 'Golden Triangle'. These circumstances have tended to result in a focus on issues related to adults, with less attention paid to children hence this research. But children are not a single, stereotypical group, and their circumstances, ideas and issues vary by location as well as age, gender and other aspects of human diversity. This report from children's research focuses on the main concerns of children in these areas, their definitions of children in difficulties, their difficulties and expectations, and particularly, the impact of HIV/AIDS upon children.

Research

The research programme was based on children's rights, particularly children's right to participation. Child-led surveys were carried out, aiming to understand the living conditions and expectations of children from their perspective by treating children seriously, respecting them and listening to their voices. A child-led survey means that, based on group discussion and decision-making, children identify the research issues, the questions to be asked in research, design research outlines, identify research subjects and methods of research and recording, share their research experience, analyse findings, and discuss the writing of the report. It was hoped that research participated in and led by children could increase the understanding of children's rights, resilience and potential among various organisations and the public, and promote child-focused, sustainable child care and development work. The survey and report writing followed the principle of best interests of children.

In July and August 2005, children in Xinjiang and Yunnan participated in a series of workshops in their summer vacation, defined issues confronting

children, designed interview outlines, carried out interviews separately or in groups, completed preliminary analysis of interview findings, and made suggestions regarding writing of research reports. From this, Save the Children staff wrote the first drafts of the reports. During weekend workshops in November 2005, the children discussed the drafts, provided their opinions for revision, and decided titles for the reports. Partners and staff participating in the programme were also consulted on the first drafts.

Findings

Common concerns shared by children in Xinjiang and Yunnan include the health of family members and the loss of parents. Both issues are closely linked to HIV/AIDS, which has not only broken up families, but led to poverty that deprived them of their education. Concerns of children about access school and the health of family members are interrelated. Access to schooling affects both the future of children and their present lives, and children in both Yunnan and Xinjiang are aware of the association between education and employment. They have also experienced the impact of discrimination resulting from HIV/AIDS upon their lives: friendships, their self-esteem and dignity are all affected by discrimination. As viewed by children, 'mental torment' (emotional and psychological pain), lack of self-confidence, stigma and discrimination, constitute other major difficulties for them. They worry about "*being laughed at by others*"; they are fully aware that the attitude of other people will affect their self-esteem and dignity. They discussed the attitudes of others (particularly teachers and parents), and what impact it could bring upon their lives.

Vulnerability

In the workshops in both Xinjiang and Yunnan, children debated vulnerability – defining who are children in difficulties and what makes those children's lives become hard. Participants offered a wide range of answers, which share some common points. For example, children in both areas suggested that disabled children are in difficulties; they also emphasised the impact of disasters upon them. Nevertheless, only those children in Yunnan explicitly suggested that children living with or

orphaned by HIV/AIDS are in difficulties, and also indicated that homeless children are in difficulties. Children in Xinjiang not only indicated that homeless children are in difficulties, but also pointed out that, as compared to children in school, homeless children are more prone to trafficking and bad habits such as smoking or drug use; and that some children were even coerced to engage in pushing drugs. Thus, children using or affected by drug use were also considered as children in difficulties.

Children in both areas found that parents are essential supporters for children's growth, provided they care for and protect children. In Xinjiang in particular children took the analysis further and indicated that the key issue for vulnerability is the lack of care, which might come about through divorce as well as becoming orphaned, and through parents migrating and through parents abuse. They noted how children whose parents divorced were laughed at by others. The problem of lack of family care and protection was an important issue and problem common to children in both areas.

Differences

These differences clearly represented the different issues in various regions, which demonstrate the importance of seeking and understanding children's views, ideas and opinions. These distinctions show how children's views vary in particular places, their ideas and perceptions of issues are not the same all over, and they are not a homogenous group. Children in Xinjiang raised a series of complex issues associated with homeless children, and although they did not explicitly name HIV/AIDS as contributing to vulnerability, they emphasised problems connected with drugs. The problems of drugs and the complex issues of street children, provide a context and lens through which to see the significance of HIV/AIDS. Children in Yunnan more explicitly connected the problem of drugs and HIV/AIDS, although some context of homelessness, migration and poverty was also implicit.

Understanding these experiences, perceptions and

distinctions are important in responding to problems and issues faced by children. On the basis of their research findings and discussions, children also expressed their own views, feelings and expectations. They put forward recommendations to address the difficulties they identified.

Capacity and resilience

Throughout the research, children exhibited their resilience, their capacity and their potential. They explicitly expressed their views and conducted activities through discussion and peer collaboration. They successfully carried out interviews, wrote interview records, and analysed major research findings. They helped and worked with each other happily. Many interviews which required long distance travelling were carried out by children in pairs. They often provided an example to adults. Children's thinking and initiative, as well as their enthusiasm for taking action are key factors for the smooth development of the programme of work to respond to their circumstances. They discussed and found solutions for many problems

Through the process of participatory research, children rapidly acquired experience, and their attitudes toward life began to change.

"I love to join it. It helps me to know something that I had never known before. I learn how to cope with difficulties and overcome them and it is my responsibility to help others. I can help others and I get pleasure from it. Friendship makes life better." (A child in Yunnan)

"Children we interviewed confided their secrets to us, helping us to know more about children in the society. And I came to know what parenthood is and what the warmth of family is; thus we should cherish our life." (A child in Xinjiang)

INTRODUCTION

Listen, secrets is a report on children's research in two locations in China that are heavily affected by HIV/AIDS. Yining City, is in Yili Prefecture, Xinjiang in north-west China bordering countries of central Asia. Yingjiang County is in Dehong Prefecture, Yunnan Province in southern China bordering countries of south-east Asia. High HIV-prevalence in both areas stems from intravenous drug use, and their proximity to drug production areas in the 'Golden Crescent' and the 'Golden Triangle'. These circumstances have tended to result in a focus on issues related to adults, with less attention paid to children hence this research. But children are not a homogenous group, and their circumstances, ideas and issues vary by location as well as age, gender and other aspects of human diversity. This report from children's research focuses on the main concerns of children in these areas, their definitions of children in difficulties, their difficulties and expectations, and particularly, the impact of HIV/AIDS upon children. [1].

The research programme was based on children's rights, particularly children's right to participation. Child-led surveys were carried out, aiming to understand the living conditions and expectations of children from their perspective by treating children seriously, respecting them and listening to their voices. A child-led survey means that, based on group discussion and decision-making, children identify the research issues, the questions to be asked in research, design research outlines, identify research subjects and methods of research and recording, share their research experience, analyse findings, and discuss the writing of the report. It was hoped that research participated in and led by children could increase the understanding of children's rights, resilience and potential among various organisations and the public, and promote child-focused, sustainable child care and development work.

The research projects were conducted in the second half of 2005, following on from children's research carried out in 2004 in an area of high HIV/AIDS prevalence in central China, derived from blood selling and collection. The project aimed to understand the lives of 'children in difficulties', the causes of their difficulties and the impact of HIV/AIDS, as well as what support services were currently available for children in difficulties. This

research was not conducted under the title of 'Care for children affected by HIV/AIDS' for fear of the potential effects of labelling and doing any harm to children. This participatory research was designed to enable children to assess their own needs for HIV prevention and HIV/AIDS care and support services, promote awareness of the basic rights of children among more organisations and the public, and to explore in-depth the practice and methodology of sustainable child care work focusing on children.

This report is an output of the research programme *Helping Children to Access HIV Prevention, HIV/AIDS Care and Support Services in East Asia and Pacific*. This action-oriented participatory research programme was implemented by Save the Children and its partners in Cambodia, China, Indonesia, Laos, Myanmar and Thailand in 2005 [2]. The research programme aimed to understand the major factors leading to HIV infection among children in various countries, the impact of HIV/AIDS upon children, and children's access to HIV prevention and HIV/AIDS care and support services. Based on the research, the programme will advocate for enhanced child protection and the fulfilment of child rights in particular societies and communities, promote communications between different regions on the practice of child care work and promote the exploration of new working approaches.

The research programme recognised that the situation of the HIV/AIDS epidemic is different in different countries, and responses and attitudes toward people living with HIV/AIDS can vary across the region. Therefore, different research approaches could be planned in each country, provided they were conducive to meeting the overall research objectives. In China, Save the Children and its partners worked with children following approaches used in Anhui province in 2004, and on projects with children in care, street children, and others in 2003.

This report consists of five main parts. A Background section provides information on HIV/AIDS, the affect on children and the situation in Xinjiang and Yunnan. The Research Process section provides information about the methods

and timetable. The following three sections provide the main results: Children's Issues, Children's Definitions of Vulnerability, and a larger chapter on Children's Research Findings and Difficulties. These three chapters have separate accounts of Xinjiang and Yunnan. There is then a short section providing children's recommendations. An additional chapter looks at some of the main common points and differences, in particular issues of family, protection and resilience.

TWO REPORTS IN ONE

A report on each research project was compiled in Chinese. These have been combined for this English version with an additional summary chapter drawing out children's concerns about the lack of family care, protection, education and issues of self-esteem and resilience. The original titles of the reports were provided by children, and were also combined for this summary.

Listen, the Voice of Growing Up: an Earnest Appeal from Children is the report from children's research in Yili Prefecture in Xinjiang. In discussing the title for this report, the child researchers wanted to express the following: their daily life, their mishaps, that they want to be concerned, that they hope all people nationwide will know how they live; and what they are appealing for – to reach out a hand to offer to help, to contribute to the relief of difficulties, and help find a way out for families in difficulties. They felt that there are too many children nationwide who need care and help. Some children wanted to give the report the name *Earnest Appeal*, and others preferred *Listen, the Voice of Growing up*. After discussion, children reached a consensus making the title *Listen, the Voice of Growing Up* and *Earnest Appeal from Children* to be the subtitle.

Secrets confided by children is the report from children's research in Dehong Prefecture, Yunnan Province. Initially, the child researchers suggested several titles, including *Secrets Confided by Children*, *Looking into the Society*, *Let Love Soothe the Tearful Heart*, *A Genuine Appeal*, *An Appeal from Little Journalists* and *Voice of Us and Our Surroundings* before deciding on the first option

NOTES

Xinjiang

Xinjiang is properly called and organised as Xinjiang Uyghur Autonomous Region in recognition of the fact that the majority of the population is of Uyghur nationality (ethnic group). The region is commonly known as Xinjiang or Xinjiang Province, and is referred to as such in this report for brevity.

Yili

The full title of this prefecture on the western border of Xinjiang is Yili Kazakh Autonomous Prefecture, organised as such in recognition that the majority population is of Kazakh nationality (ethnic group).

Dehong

This prefecture in the south-west of Yunnan province is properly called Dehong Dai and Jingpho Autonomous Region, and organised as such because the majority of the population are of Dai and Jingpho nationality (ethnic groups).

BACKGROUND

HIV/AIDS in China

Around the globe, from 2002 to 2004, HIV/AIDS spread most rapidly in East Asia. [3] The numbers of people living with HIV/AIDS increased from 760,000 in 2002 to 1,100,000 in 2004, with a growth rate of 44.7%. The growth was attributable largely to the rapid spread of HIV/AIDS in China. [4]

Reported HIV infection cases in China now cover all 31 provinces, autonomous regions and municipalities that report directly to the Central Government. The general low-prevalence of the whole country coexists with high-prevalence in certain areas and among specific populations. HIV/AIDS is spreading from high-risk groupings to the general population, and HIV/AIDS prevention and control has now arrived at a crucial point. [5]

By the end of August 2005, a cumulative total of 132,545 HIV/AIDS cases were reported across China, including 30,158 AIDS patients and 7,643 AIDS deaths. There were more than 10,000 HIV/AIDS cases in each of the five provinces of Yunnan, Henan, Guangxi, Xinjiang and Guangdong, which account for 77% of the cumulative total of cases, indicating how the epidemic is concentrated in China. According to data from the national HIV sentinel surveillance, HIV infection was found among pregnant women by the end of 1997 and the infection rate increased to 0.26% in 2004, indicating the spread of HIV/AIDS epidemic from high risk populations to the general population. [6]

The major three transmission routes for HIV have all occurred in China, including needle sharing in intravenous drug use (41.6%), blood plasma collection (23.5%) and sexual transmission (9.1%). The transmission routes of 22% HIV/AIDS cases are unknown, but it is estimated that most of these occurred through sexual behaviour. [7] The steady increase of the HIV/AIDS epidemic in China and the differences between transmission routes (for example, needle sharing is the leading route in Yunnan and Xinjiang, while blood-plasma collection was the leading route in Henan and Anhui, while sexual transmission is reportedly growing significantly) make the HIV/AIDS response in China even more complicated.

Impact of HIV/AIDS upon Children

The impact of HIV/AIDS on children includes: children who are infected with HIV; children living with family members who are infected with HIV; and, children living in communities that are heavily affected by HIV/AIDS.

In 2004, globally, the figures for children under the age of 15 years showed that: there were 510,000 children under 15 years who died of HIV/AIDS; there were 640,000 new children under 15 years living with HIV/AIDS; and in total there were 2.2 million children under 15 years living with HIV/AIDS. [8] Most children are infected with HIV through mother-to-child transmission. [9] The rapid increase in HIV infections among women of childbearing age will lead to a large number of HIV infected children, especially when these women are unaware of the risk of HIV infection and fail to take necessary prevention measures.

HIV infection of family members can ultimately lead to poverty or increased poverty, children dropping out of school/ education, an increase in children's domestic work and children becoming involved in cash work (which may be excessive), and children being orphaned and experiencing severe stigma and discrimination. The infection of close relatives and the huge costs for the treatment of AIDS patients has a significant impact on families, while the infection of parents or other 'bread-winners' (income earners) usually adds to problems, because of reduced income. The double burden of increased expenditure and reduced income leads to children or other uninfected family members (such as grandparents or sisters/brothers) shouldering more family responsibilities. Children have to spend more time in caring for parents and families, and less time in study; they may even drop out of school so as to make a living for the family. Ultimately, children often lose not only the opportunity of schooling, but also lose the care of parents and of close family who become sick. In some areas, when parents have died, children cannot inherit their family assets, such as houses or lands. Loneliness and fear following loss of parents, and the discrimination and stigma associated with HIV/AIDS shadow children's future.

Children living in communities heavily affected by HIV/AIDS not only face the menace of HIV infection, but also have to face, together with the rest of the community, the various changes brought about by HIV/AIDS. These include material problems such as slowed economic development, but also possible breakdown in social relationships, including alienation or even opposition and conflict between those infected and those uninfected. In addition, all of those in heavily affected communities, children and adults, have to face the stigma or discrimination from other communities. They have to think about what HIV/AIDS is, how to treat those infected, and how to treat children or families in difficulties. They may fall into fear or hold misconceptions of what is best to do if they cannot obtain necessary help.

In China, the impact of HIV/AIDS upon children has become a major issue, hampering family stability and social development, simply in terms of the numbers of orphans alone. As estimated by the Ministry of Health, there will be about 260,000 children orphaned by HIV/AIDS in China by 2010 (children who have lost one or both parents due to HIV/AIDS). Currently China already has 78,000 children under 15 years of age orphaned by HIV/AIDS (Xinhua News Agency, July 2005). [10]

This predicted figure of 260,000 orphans is over half of the number of orphans currently living in kinship care (or non-residential care). In September 2005 the Ministry of Civil Affairs announced the results of a survey showing that nationally there were 573,000 children under 18 years of age who had lost one parent or both parents. [11] Only 69,000 of these orphans (and abandoned children) live in child welfare institutions (residential care). Some 293,000 children were in receipt, directly or indirectly of some form of relief provided by the State; 53,000 children received relief through the urban minimum living allowance scheme; 125,000 children received social relief in the system for rural households to enjoy the 'five guarantees' (for children these five are food, clothes, a house, education and medical care); and 116,000 children received social relief through the system for rural households in extreme poverty. Thus, there are some 200,000 orphans without access to regular institutional relief; and 55% orphans still need relief, because in many places

the social relief supplied is too little, covering only 10% or 25% of the cost of living. [12] Considering that there are, in addition, large numbers of children with only one parent and children living in the care of relatives, including children affected and orphaned by HIV/AIDS epidemic, [13] the child welfare system in China faces a formidable challenge.

High prevalent HIV/AIDS locations in China and children's research

The different phases of transmission in China are associated with different places but also suggest the possibilities of differential impact on children. Understanding the nature of these differences and commonalities is crucial in developing programmes of intervention to support and benefit children and their communities. In preparation for a project in a badly affected blood-selling region, Fuyang Prefecture in north-west Anhui, bordering Henan province, Save the Children developed children's research in rural and urban areas. The children's research project was undertaken in 2004 with local partners, primarily the Women's and Children's Working Committee, but also the Women's Federation and the Anti-Epidemic Station. The research process involved children orphaned and affected by HIV/AIDS and included discussions with other children on the impact of HIV/AIDS on their life, major difficulties they met and their concerns, and explored approaches to address the issues. A Children's Forum was held in August 2004, with children presenting issues through drama [14]

The regional research programme 'Helping Children to Access HIV Prevention, HIV/AIDS Care and Support Services in East Asia and Pacific' provided the opportunity to follow the project in Fuyang with children's research in other areas. Two areas heavily affected by HIV infection due to drug use were selected for this research - Yining of Xinjiang and Yingjiang of Yunnan. Both areas are minority nationality areas: Yining City is in an autonomous Kazakh Prefecture of Xinjiang; Yingjiang is in Dehong Dai & Jingpo Prefecture of Yunnan. Both areas are along an international border (with Kazakhstan in the north-west and Myanmar in the south-east, with severe drug use. These are in sharp contrast to Fuyang, Anhui. It is expected that child-focused research in these areas

can help people understand children's lives, difficulties and needs from the perspective of children themselves, and thus promote development of practice and approaches for child care, protection and welfare work.

Overview of HIV/AIDS Epidemic in Xinjiang

Xinjiang lies in north-west China and borders India, Pakistan, Afghanistan, Mongolia, Russia, Kazakhstan, Tajikistan and Kyrgyzstan, with a border length of 5,600 kilometres (accounting for one quarter of the total border length of China). At the end of 2004, the total population of Xinjiang was 19.6311 million with 60.25% (11.8286 million) being of minorities (or 'nationalities' in China): mainly of the nationalities of Uyghur, Han, Kazakh, Hui, Mongolian, Kirgiz, Xibo, Tajik, Uzbek, Manchu, Daur, Tatar and Russia. People of Uyghur nationality reached 8.9767 million, accounting for 45.73%; people of Han nationality (the majority Chinese nationality) reached 7.8025 million, accounting for 39.75%. [15]

In Xinjiang, injecting drug use is the major transmission route of HIV/AIDS. About 80% people living with HIV/AIDS (PLWHA) are young people of minority nationalities (mainly Uyghur nationality). [16] The first case of HIV infection in Xinjiang was reported in 1995. According to the latest statistics of Xinjiang Health Department, by mid December 2004, the cumulative total cases of HIV infections reported in Xinjiang reached 9,730, including 242 cases of AIDS and 80 deaths, accounting for 13% of the total cases nationally. The statistical report indicated that, from October to mid December 2004, there were 384 new infections in Xinjiang.

Since 2002, the HIV/AIDS epidemic has grown at an average rate of 15% annually. This report indicated that certain areas of Xinjiang are becoming highly affected by HIV/AIDS. There were at least 3,900 and 4,200 cases of HIV infections reported in Urumqi City and Yili Prefecture respectively, jointly accounting for over 84% of the cases across the Xinjiang. To date, fifteen prefectures/cities and 79% counties in Xinjiang have reported HIV infections; this geographic scope is expanding. HIV/AIDS prevalence among drug users is not yet under effective control, and is spreading to the general population. In addition, the report claimed that suspected AIDS deaths were soaring in certain areas, which indicated that a peak period of AIDS incidence and deaths had arrived. [17]

The north-western border area of Pakistan and border areas of Afghanistan are located in the 'Golden Crescent' region which is a major source of drug planting and production, with over 100 underground heroin processing plants. The areas produced 4,200 tons of opium in 2004, with a production capacity of 420 tons of heroin. Xinjiang has also been penetrated by drug trafficking groups from the 'Golden Triangle' in the border area of Yunnan. The impact of the Golden Triangle in addition to the Golden Crescent is producing increasingly severer drug use situations. [18]

Yining City is situated on China's north-western border with Kazakhstan. [19] Yining is heavily affected by HIV/AIDS. In Yining, syringe sharing is the major route of HIV transmission. [20] Among all drug users, those with intravenous drug use account for 95%, and the HIV infection rate among drug users has reached 75%. [21] In Haitian sub-district of the city (one of the target project site of the children's research), '85% of drug users are infected with HIV; wives of some drug users are HIV carriers to various extent; their children will also be affected over time'. [22]

Since the first case of HIV infection was reported in January 1996, the epidemic spread rapidly; since 2001, a large number of patients have progressed to AIDS and died; thus, Yining became the only region that entered the phase of HIV/AIDS high-prevalence in Xinjiang. By the end of 2004, a cumulative total of 3,375 cases of HIV infections had been reported in Yining, accounting for 34.5% of all cases in Xinjiang, and for 78.2% of all cases reported in Yili Prefecture. [23] Yining became the region most heavily affected by HIV/AIDS epidemic, and at the fastest growth rate in Xinjiang. [24] From 1997 to September 2003, 340 cases of HIV infections were identified among people receiving premarital examinations in the city, with an infection rate of 1.3%. From January to December 2004, 7,895 pregnant women were tested in Yining, and 73 tested positive, with an infection rate of about 1%. Mother to child transmission (MTCT) constantly increased the risk of child HIV infection. [25]

Overview of HIV/AIDS Epidemic in Yunnan

Yunnan province, located in south-west China with international and internal borders with Vietnam, Laos, Myanmar, Tibet, Sichuan, Guizhou, Guangxi, has 26 major nationalities (25 major ethnic minority groups) and a population of 44 million.

In October 1989 some 146 HIV infection cases were identified among drug users in the south-western part of Yunnan. Since then a concentrated epidemic has spread from the border areas to 121 counties/cities and 16 prefectures/cities in the province. By the end of November 2004, only eight out of 129 counties/cities in Yunnan Province did not report any case. By the end of September 2004, a total of 17,390 cases were reported in Yunnan Province, among which 68% were due to intravenous drug use, 14.7% due to sexual transmission, and 0.3% due to mother to child transmission (MTCT). Intravenous drug use remains the primary transmission route in Yunnan Province. [26]

Yingjiang County is located in Dehong Prefecture in south-western Yunnan bordering Myanmar. The county is in the north-west of this prefecture. Dehong is one of the key areas of national HIV/AIDS prevention and control and surveillance. The total population of Dehong prefecture was 265,173 at the end of 2003, among which ethnic minorities accounted for 59.88% (158,781), mainly including Dai (97,993), Jingpo (40,891), Lisu (16,270), Achang (731) and De'ang (381). [27]

Injecting drugs and needle sharing is the major route of HIV transmission in local areas in Yingjiang.

In 2003, there was a total of 7,722 registered drug users in Yingjiang, accounting for 2.91% of the

total population in the county. At that time, the number of people known to be living with HIV/AIDS amounted to 1,934, including 1,553 drug users, who therefore accounted for 79.6%. [28]

Yingjiang County borders Myanmar (Burma) on its the west, northwest and southwest, with a border line of 214.6 km, and multiple roads lead into Myanmar. Northern Myanmar is a major drug source in the northern part of the 'Golden Triangle'. Drugs easily flow from Myanmar into Yingjiang or other areas of Dehong Prefecture. Once drugs have entered, they will spread to other areas extensively. The large amount and low cost of drugs available increases the possibility of drug use.

The large number of drug users and HIV infected drug users places more and more children and their families under the impact of HIV/AIDS. Drug users have died from drugs, died of HIV/AIDS, been caught and sent to detoxification centres, migrated to other regions without a trace, or caught for crimes due to drug, and generally left behind them the families and children in miserable conditions. Local people say that *"Drug use can be found in all villages"*, and that *"poverty is a result of drug use"*.

The complexity of impact on children is partially seen in the comment on one girl, that *"her father died of drug use, and her mother remarried in Shandong Province, leaving her as an orphan"*. Shandong province is a considerable distance away, towards north-east China, and such abandonments are not uncommon. Some of the practical and emotional results for abandoned children may be imagined: but to find out the impact, and children's perceptions of their lives, it is necessary to ask and consult with children themselves.

THE RESEARCH PROCESS

Basic Framework of Children's Research

The two research projects aimed to be child-focused and child-led. Although the research was initiated by adults and the children's discussions in workshops were facilitated by adults, the principles and topics for discussion, and then the questions for research, methods and so on were decided by children.

These workshops with children were also a key component of this research. At the workshops children raised issues and views which help adults understand their lives, difficulties and needs. Adults can share with children, and learn from them while working or playing together.

In these research studies, the process included the follow phases:

- 1) Identification of programme participants, including adult staff participating in the programme, and children participating in workshop. These children, if they so decided, became the researchers of the children's survey.
- 2) In workshops, children put forward issues of concern and interest to them, and discussed the impact of these issues upon their lives.
- 3) Children looked at the question of vulnerability and defined who are children in difficulties. This activity was initiated by adults as part of a wider process of looking at children's definitions of vulnerability in China but also for children's understanding of who to seek out to interview.
- 4) Children jointly identified the importance and priority of issues with which they are concerned.
- 5) In this final phase of the first workshops, children converted themselves into researchers through practice and preparation. They identified and decided questions and subjects of the survey, designed methods for survey and recording, discussed and decided the survey plan. As elsewhere, children adapter titled 'little journalists' in Chinese 'Xiao Ji Zhe'.
- 6) Children carried out the research survey individually or as a group, and made records of their interviews. Also, in this children's research, photography was used as a tool for research and recording. Children took pictures and wrote down what each photo is about and why it was taken.
- 7) Children met together and shared their

experiences and findings. They commented on the process of the survey as well as findings of their research.

- 8) Children discussed how to disseminate their survey findings, covering report writing, what content the report should cover, and the target audience for dissemination.
- 9) Because adults wrote the final report, before it was finalised, children's opinions with the report were consulted. The report was then revised and finished based on their feedback.

In order for better working practices with children, the adult facilitators (staff of Save the Children) met together to make adequate preparations before the workshops, to develop a common understanding of the objectives of the workshops and research process, the implications of child participation, how to work with children on an equal basis, understanding the living environment of children, how to assist children to discuss at the children workshop, and how to make records, etc. Of course, the top priority was to ensure safety of children.

The aims of activities at the initial workshops with children included:

- To encourage the children to take part in the activities, getting to know the adult participants/facilitators.
- Through playing games, to enable all participants to become more familiar with each other and friendly relationships.
- Through drawing pictures, writing compositions and facilitating group discussions, to provide opportunities for the children to express themselves freely, and to bring out their concerns about daily life. To establish an environment in which ideas, happiness and worries can be confided.
- To try and find out ideas of children's vulnerability, through discussing who are children in difficulties and who are the children that most need help most and why.
- To determine interviewees of the survey, though linking to who are children in difficulties. (Both children and adults in the workshop thought that getting interviewed by children as 'little journalists' is more acceptable to the child interviewees than being researched and surveyed by unknown adults.)

- To determine the methods for the survey. The children designed questions for the survey by ranking specific issues and held discussions on how to interview. Principles established for the interview involved confidentiality and respect, ways to contact the interviewees, what questions should be asked, how to talk with the interviewees, how to end the interview, how to deal with potential interviewees who decline the interview, and how to ensure safety during interview; how to record the results.
- To practice interview and recording, learn to operate camera and determine the main theme of the photographs. How to record the content of each photograph, and when and why to take the photo.

A review and evaluation was held at the end of each workshop.

In the follow-up workshops on sharing survey experiences and analysing major findings, children consolidated their understanding and learning from the research process, and the research findings themselves and what to do with them. They shared their experiences from the survey, raising and sharing the most impressive and interesting things, and how they overcame difficulties. They discussed findings, the contents of the photos, and what are the things that concern the interviewees most. They considered forms and content of their reports, and who would be the intended receivers of their reports.

The major outputs from the research projects in both Xinjiang and Yunnan included:

- A list and understanding of issues that concern children deeply
- Definitions of vulnerability - 'children in difficulties' - by the child participants
- Interview records – 224 from Xinjiang and 82 from Yunnan
- Photographs and captions
- Records and photographs of the workshops
- Findings from the research and reports.



YINING CITY, XINJIANG RESEARCH PROCESS AND TIMETABLE

Preparation (mid-June to mid-July 2005)

Save the Children (SC) established a partnership with the Women's Federation in Yili Prefecture in Xinjiang, which discussed the time and place for workshops and children to participate. Thirty children aged 11-16 years, nearly two-thirds female, were selected as participants by the Women's Federation.

Fifteen children were from the Haitian Street area in urban Yining, and fifteen from the adjacent Chahua Village suburbs. Two of them were 11 years of age; six of them were 12; seven of them were 13; seven of them were 14; three of them were 15; and five of them were 16. Eleven were boys and nineteen girls. All of them were Uyghur nationality children. [29] Twenty-nine of the children were attending school; one child had dropped out of school. The main income of the family of ten of the children is the minimum living allowance subsidy from the government. Some of the children were directly affected by drugs or HIV/AIDS in that their parents, brothers, sisters or other relatives are drug-users or infected with HIV/AIDS. In order to enable easier access to workshops for children, and at their preference, this research was primarily implemented in their summer vacation.

Children's Workshops (25-28 July 2005)

All children participants came to Friendship Hotel of Yining City under the escort of teachers of the Women's Federation. When the children worked with us [Chinese speaking adult facilitators], they discussed and wrote in Uyghur language. Two Save the Children staff from the Xinjiang office, who are Uyghur, participated in the project and acted as interpreters in this research.

After discussing the issues that children are concerned about most, children began to discuss who are 'children in difficulties', and the causes and impacts of those difficulties. After this they moved on to identify the interviewees, and design the interview schedule.

Discussions in the workshops included the origin of difficulties (for example loss of care of parents, disasters and poverty), as well as aftermath of the difficulties (loss of future and independence, being laughed at,

being hoodwinked, and addiction). Based on above, the children decided to interview those children they had identified as being vulnerable/in difficulties and designed the interview questions (mainly relating to the current difficult conditions or difficulties, the causes and impact, as well as availability of help/support or expected help/support).

From an early point in the workshop children began to rub their hands with enthusiasm to carry out interviews with other children. When the workshop was over, the child participants, holding cameras, were excited and eager to interview other children or young people. By the end of the first workshop, child participants had established friendly relationships with adult participants/facilitators.

Staff from Save the Children Xinjiang Office paid a visit to communities where the children lived, meeting their parents, introducing the events and activities that the children had performed. Some parents visited the children's workshop to see what was going on. One of them said: *"I heard someone told me that children will be taken away to be labour force, now I know it is rumour, I am very glad to know that my children are offered the opportunity to take part in this workshop."* Another parent asked: *"I hope you will carry out such campaigns routinely, and will you come here next year?"*

Children carried out their survey

(29 July – 8 August 2005)

The children arranged their interviews and meetings at their own discretion. Partners of this activity (officials of Women's Federation at street or Village level) wanted to provide support for the survey, and discussed this with Save the Children. It was decided that if children encountered difficulties, they could phone staff at the Xinjiang Office of Save the Children, and if necessary staff would go to the survey sites in Yining City to provide help. In fact, such a scenario did not occur. Parents later reported that children were busy and they (parents) were also relieved. *"The children were serious about the activities, they made preparations for the interview in advance."* *"In the past I was worried about how my children can spend the vacation safely, this year, thanks to your campaign, they are happy and learn more and we are at ease."*

Interview records

Children made records of 224 interviews with a total of 233 interviewees. 215 interviewees were 5-18 years of age; the ages of the other 18 interviewees were not logged. 82 boys, 68 girls; the gender of the other 83 interviewees was not recorded. Only 48 children were attending school, 157 not attending (no record made of school for 27 children). One child had just graduated from junior high school, and made no indication whether he would continue study at school, so leaving 157 children who did not attend school.

Sharing survey experiences and analysing major findings

(9-10 August 2005)

After the interviews were completed, all of the child researchers got together again for another workshop (only one girl was late, for two hours). Children reviewed their interviews. Experiences were shared, and interesting anecdotes led to hearty laughs, but the miserable lives of interviewees also made the atmosphere sad. While telling her experience, a girl shed tears, and listeners also shed tears. Children preliminarily analysed the research findings, and discussed the composition of report. Based on their discussions, Save the Children staff analysed the 224 interview records.

Children's review of the process

"The interview told me the true meaning of being a journalist, and the happiness and significance of discussing. I learn more from the interview, it enables me to know the misery of poor families, the helplessness of dropout children. I sympathised with the children and I am more satisfied by my own life." "Children we interviewed confided their secrets to us, helping us to know more about the society, and now I know what parenthood is and what warmth of family is, and we should cherish our life." "The days that I took part in interviewing are the happiest in my life. I hope these activities will be held in the future. I also hope some articles can come out calling for more help to be offered to children in difficulties."

Drafting survey report

(late August - Mid October)

While discussing the composition of the report, children took the initiative to suggest that they would like to write articles on the research activity prior to the next school year in addition to the report written by Save the Children staff.

Feedback on the draft report from the partners

(late October - Mid November 2005)

Feedback with the children on the draft report

(12-13 November 2005)

Children decided the title of the report, discussed the use of names of persons and places, and particularly discussed the Findings and Recommendations sections of the report.

Discussing the feedbacks and finalising the research report

(14 November- 31 December 2005)

YINGJIANG COUNTY, YUNNAN - RESEARCH PROCESS AND TIMETABLE

Preparation

(mid-June to mid-July 2005)

The Yunnan Office of Save the Children established government partnerships, with the Provincial HIV/AIDS Prevention and Treatment Work Committee Office, the Department of Education, the Yunnan Province Women and Children's Development Centre, and the Government of Dehong Prefecture. With their support, Save the Children contacted Yingjiang County Education Bureau and Yingjiang County Women's Federation to discuss the start time and place of the programme, and to identify the list of children who would participate in the workshop.

Finally, with the help of teachers from Yingjiang County Education Bureau and Yingjiang County Women's Federation, 22 children were selected as participants. Five of them were under 12 years of age; two of them were 13; seven of them were 14; and eight of them were 15 years. Nine were boys and thirteen girls. Nine of them were Jingpo and twelve were Dai nationality children, and there was one Han child. Some children are seriously affected by HIV/AIDS, with one or both parents having died of AIDS, and almost half of these children's families are living at the lower standard of life locally. All of the children were attending school, and the research was conducted in the summer vacation.

Children's Workshops

(1- 5 August 2005)

All of the child participants came to Yongsheng Hotel of Yingjiang County with teachers as escort. Workshop activities were carried out at the No. 1 primary school of Yingjiang facing the hotel. In this project, all the children could speak Chinese in Yunnan dialect and Mandarin (standard Chinese or Beijing dialect). The staff who participated in this research can speak in Mandarin and Yunnan dialect, so children and adults could communicate with each other freely. But although children are used to writing Chinese characters, they prefer to use their own minority languages (Dai or Jingpo) in group discussions or private talks.

After discussing the issues that concern children most, children began to discuss who are `children

in difficulties', and Why? By the end of the workshop, the children became more active in expressing themselves and more willing to share their views and opinions with the adults as compared to the first day of the workshop; the adults and children participants trusted each other more than before.

With the assistance of adults, the children thought about possible problems acting as an interviewer. They discussed and decided to aim at interviewing children who fell into their definitions of children in difficulties (except children whose homes were destroyed in war – see below). Children then discussed the content of the interview, including causes and factors of difficulties, whether or not support has been received, and what sort of help is needed.

Children were enthusiastic to conduct interviews, hoping to *"Learn more about other children's lives, other children's attitude to life, hear the voice of children in difficulties, and help a lot of people to understand the lives of those children in difficulties and the need for care for their lives and development both mentally and physically."*

In the review of the workshop, children talked about how they enjoyed the experience, learnt from it and made friends. *"I'm very willing to attend such activities since they can improve our independent thinking and presentation skills and give us chance to experience what we see and hear."*

"I'm very excited. I learn a lot from it and know how to interview others."

"I love to join it. It helps me to know something that I have never known before. I learn how to cope with difficulties and overcome them and it is my responsibility to help others. I can help others and I get pleasure from it. Friendship makes life better."

Children carried out their survey

(6-21 August 2005)

The children arranged interviews themselves. Help was available from teachers, and if they encountered difficulties, they could phone staff at the Kunming office of Save the Children who would visit them in Yingjiang County – although this proved unnecessary. Before they ended the survey, the child participants gathered together, and arranged activities for the next stage with assistance of staff.

Interview records

Children made 82 interview records. Nine interviewees were over 18 years old, and 73 were between 5 and 18 years. 37 were learning in school, 12 were absent from school, and 24 had dropped out of school. 28 were boys and 39 were girls. The gender of 6 interviewees was not available. 38 were Dai nationality, 24 were Jingpho nationality, nationalities of 11 interviewees were not available.

Sharing survey experiences and analysing major findings

(22-23 August 2005)
One girl was absent from this workshop because she was admitted to high school. But she shared her materials and photos with the project team beforehand.

Children's review of the process

*"At first I was joyful acting as a little journalist, but after the interview I am sad because the child victims led an unhappy life, living in poverty and being discriminated." "I hope people reach out their hands to the needy, which will be wonderful."
"On the first day that I came here I was not interested in the activities. Now I am very interested in them. I hope I can take part in them again."*

Drafting survey report

(late August - Mid October)

Because the child participants were in preparation for a new semester during the writing of the report, they were unable to write some of it. The report was written by staff of Save the Children. Children said they would agree to provide corrections to the draft version.

Feedback on the draft report from the partners

(late October – Mid November 2005)

Feedback with the children on the draft report

(5-6 November 2005)
Children decided not to use real names of persons and villages. They decided on the title of the report and discussed a lot about the Findings and Recommendations sections. They said *"Care and love should be offered to help them solve difficulties. We can try our best to provide help and let more people know about these situations."*

"My first impression of the report is favourable. Its publication is based on our interviews. I can feel the unhappiness of those in difficulties and infected with HIV and hope people can help them."

Discussing the feedbacks and finalising the research report

(7 November – 31 December 2005)

OVERVIEW

CHILDREN'S ISSUES, VULNERABILITIES AND RESEARCH FINDINGS

The next sections describe issues raised by children at the workshops, children's definition of difficulties, children's findings from the research and children's recommendations.

An overview chart is given below. This comprises:

1. Issues that concern children deeply

What children worry about and need, from the first workshops.

2. Definition of children in difficulties

In the first workshops, children defined vulnerability or 'children in difficulties', and determined how to select interviewees and outline of interview.

3. Main findings by children

This section is based on the discussions in the workshop after the fieldwork. Through this children identified the issues that concerned interviewees most, conducted a preliminary analysis for the main findings by children. This includes also analysis of the research records from Xinjiang and from Yunnan by staffs of Save the Children according to the children's suggestions and their preliminary analysis.

XINJIANG

Issues that Concern Children Deeply

Health

Family

AIDS/Incurable diseases and drugs

Education

Future

Self-esteem and self-respect

Others (Including being trafficked, the environment, unemployment, vulnerability).

Children in Difficulties

1 children without care from father/mother

2. children dropping out of school

3 disabled children

4. homeless children

5. child victims

6. children living in poverty

Children's Findings

Worry about

- loss of parents

- parent's addiction to drugs/infection with HIV

- being isolated or discriminated against

- dropping out of school

- confidentiality

Difficulties

1. dropping out of school

2. Mental torment – emotional health and pain

3. stigma and discrimination

4. lacking protection and being bullied

YUNNAN

Learning

Family

Environment

Drug use/HIV/AIDS

Worry about themselves

Friends

Safety

Others (Including Chinese unity, village conflicts, the needy).

1. children without parent support

2. children unable to receive education

3. children affected by HIV/AIDS

4. children with disability

5. homeless children

6. children born to poor families

7. children as disaster victims

8. children whose homes were destroyed by war

Worry about

- dropping out of school

- the spread of HIV/AIDS

- losing family members

- future sustenance and financial problems

Difficulties

1. being unable to go to school

2. sadness/loss of confidence

3. Stigma/discrimination

4. difficulties in daily life



CHILDREN'S ISSUES

XINJIANG – ISSUES THAT CONCERN CHILDREN DEEPLY

Children raised problems and concerns through drawings, group discussions and compositions. They later categorised the problems in whole group discussion. Some fierce disputes occurred over the classification of some problems. When no agreement could be reached, these issues were kept separate. Although the topics are clearly linked the children provided their own perceptions and explanations. At this stage the children were interested in a myriad of things ranging from domestic issues, such as *'the disease of my sister'*, to the magnitude of *'development of the nationality and the nation'*. Such range of issues reflects the perceptions of children of the world, and provided the scope from which issues were subsequently prioritised for the basis of interview schedules. Through this process the adults could feel gaps in perceptions between children and adults about some issues. The following list of issues and problems that most concerned the children is not ranked.

Health

Children picked out this topic from concrete events, such as *"I hope my elder brother can be discharged from hospital as early as possible."* *"I hope my parents get rehabilitated as early as possible."* In addition to concern for the health of their intimate family members (parents, grandma and grandpa, and siblings), children were also concerned about the health of their relatives, and of their teachers, which suggests the importance not only of close family, but other relatives and teachers in children's life.

The children were also concerned about disabled children, believing that disability may hamper their happiness. At the same time, the children looked to their own health. The discussions around health perhaps indicate how much disease has *'cast shadow into the heart'* of children.

Family

Children highlighted that family means more than some people living in one house. Family means harmony, integrity and warmth. Children wanted to have *"a family full of harmony"* *"a warm family"*

"growing up in a warm family" *"psychological support from parents."* They also talked about

problems that undermine the integrity and warmth of a family, including *"divorce"* *"bereavement of parents"* and *"sick parents"*. In addition, issues concerning parent-child relationships were noted, such as having *"respecting and caring parents"*, *"being a filial child"*, and that *"parents should try best to improve their children's social position"*. Parents' attitude towards children affects their *'place in heart of children'*. Issues regarding income were not included in this topic, although the association of income and access to education were discussed. At the feedback stage, some children linked health and family with the chances of being educated, for example that parents with disease were more prone to fail to offer economic resources to support their children's education.

AIDS/Incurable Diseases and drugs

Although this project and research was not named or indicated as *'Care for children affected by HIV/AIDS'*, some children expressed their worry about HIV infection in the workshop. Some children referred to AIDS in terms such as *'the Incurable Disease'*, preferring not to say and use AIDS (probably for reasons of stigma/discrimination). Some told adult participants that most incurable diseases were AIDS. Some children drew skeletons and withered leaves on the canvas to express drugs and AIDS.

Some children described the aftermath of AIDS or *'Incurable Diseases'* as *"family member died of incurable diseases"* and *"I am orphaned"*. Some children pointed out the relationship between drugs and AIDS: *"drugs cause infection of AIDS"*, *"uproot drugs and sweep away AIDS"*. Some children were apprehensive about the prevalence of drugs and AIDS: *"we can see needles on the way home"*, *"drugs may spread all over the world"*, *"the spread of AIDS may bring about disaster to children"*, and they hoped that *"AIDS would be swept away and prevent children from being orphaned"*.

Education

Education issues include the possibility of continuing with education (not dropping out of school), scores (failing to pass exams, scores dropping down) and whether children would be able to be admitted to a school with better facilities

and teachers. Complaints raised included *"big pressure from learning, too much homework, being unable to develop other skills", "parents only play up scores"* [are only interested in scores]. All of these issues were associated with the future of the children, for example *"If I cannot be admitted by a good school, I can not fulfil my wish."* In addition, teachers' attitudes towards students affect students' ambition for knowledge, for example: *"some teachers do not treat students with an equal hand [equally], and some students lose heart."*

Education issues often involve household economics, for example: *"being unable to be educated in school for higher learning due to poor score or bad financial support"*. But some issues were due to parents' toward to education: *"although some parents can afford tuition, they are reluctant to pay it. Instead, they ask their children to do physical labour as adults, and they fail to take their responsibilities."* However, some children left school in order to look after family members who were sick with HIV/AIDS.

Future

Issues regarding future involve more questioning. *"What sort of person will I be in the future", "Will I become a baddy [bad person]", "Will I get success"*. Some concrete problems were associated with issues regarding future, such as *"Will I be employed", "Being unable to look after my parents."* As noted above, the future was also associated with *"whether or not children would be admitted by a good school"*. Some children worry about being unable to achieve their goals.

A 'baddy' is someone who does not go to school, has no knowledge and so does not know how to resolve a problem, and when facing a problem cannot use the power of knowledge. They will not get a good job and may be affected by a bad person and do something that is not good. In children's eyes a lot of bad people have no knowledge, no chances to get to school and no idea what is right and wrong, and sometimes do things according to feelings and passions and do not consider the result of their behaviour.

Self-esteem and respect for others

This issue has a close tie with others regarding schools, teacher and classmates because of the perception and links that self-esteem resides in relationships such as teacher-student and student-student. Children worried about *"being criticised by teachers in front of classmates"; "being looked down upon by teachers and classmates"; "losing face before others; others will look down upon me and do not respect me"*. On the other hand, they indicated they should *"show respect for teachers and classmates"; and "get along well with others"*. Children recognised that school life and learning will influence children's self-esteem and their future. A friendly environment for learning, and especially teacher's method and attitude toward students, may have great impact on development of children.

Some children were concerned also about the links between self-esteem and showing respect for others and expressed feelings such as: *"many people do not perform according to requirements for self-esteem", "moral virtue is decaying, such as respecting the elderly and parents"*.

Development of the nationality/country

This issue covered a range of concerns about the development of minority nationalities (or ethnicities), their relationship to the country and the development of the nation. Children raised a number of points and concerns, such as the *"self-esteem of the nationality", "development of the nationality", "phasing out of Uyghur language", "minority nationalities and majority nationalities should join hands like friends", "respect for cultures of other nationalities, and mutual help", "development of the nation"*. They express wishes to *"devote myself to motherland", and "whether I will be useful to my motherland."*

Other concerns

A number of other issues were raised, and were not included in the categories developed above. These issues included: vulnerability, unemployment and trafficking; personal loss; and the environment. For example, *"Being trafficked by bad guys", "Cannot achieve what I want to achieve, and lose the persons I love", "Degradation of the world due to superstition", "Live and study in a clean environment" and clean living environment", "Development of education", "All youths, including those ex-drug users, can find a job", "Help vulnerable groups"*.

YUNNAN - ISSUES THAT CONCERN CHILDREN DEEPLY

Children raised issues and problems that concern them deeply through drawing pictures, group discussions and writing compositions. The issues ranged from the very specific (for example, *"I am worried about being unable to deal with the difficult homework"*) to the broad (for example, *"I hope for a universal union of the human beings"*), which reflect the scope of children's perceptions of the world. They classified the problems and gave a headline to each category, indicating their knowledge of the links between various problems. During discussions, they often debated the categorisation of problems. For example, some children disputed about the classification of *"who will undertake housework instead of me if I go on learning in school"* [that is, continue attending school]. Finally, they agreed that the key point is who will undertake housework, so they put the question into category of 'family issues'.

These categories are listed below without prioritisation. The whole process was found to help children think over what they saw and heard during the survey.

Learning

Children are most concerned about their learning outcomes (for example, *"I am worried my scores are getting worse"* and *"I am worried I could not pass the college entrance examination"*); whether or not they will have enough funds to stay in education (for example, *"What worries me most is that one day I will lose the chance to stay in school"*); how teachers treat the students, and about the facilities of the school. On one hand, children worry that the teacher will scold them; and on the other hand, they worry that teacher does not care about them.

Based on the results of discussion on the theme 'who you will confide in and ask for help', children see teachers as playing an important role in child development. *"I tell my innermost thoughts and feelings to the teacher because she cares about me and enlightens me. She is very important for me."* However, this will depend on the teacher's characteristics and his/her attitude towards students. *"Some teachers beat students; they do not care about the students, just focus on scores."* Children dislike such teachers.

Children also expressed their concern about school facilities. *"Our school is poor for facilities. Excellent teachers were allocated to other schools."* This is why many village schools have no qualified teachers and cannot improve the quality of teaching. Children's concern about learning is always linked to concerns about their future development. *"Poverty prevents me learning, and I am further and further away from my goal. But I will study hard to achieve what I want."*

Family

The issues raised that were categorised under 'Family' refer to health and well-being of family members and to prosperity. *"I care about the health of my family"* *"I worry about a bad harvest"* and *"I wish my family will be better off"*. In children's eyes 'health and a good harvest' represent a happy family life.

Environment

The issues categorised as environmental involve personal attitudes and worries about nature and sustainability, and concerns about hygiene. Starting from personal behaviour *"I hate treading on the flowers and grass"*, children also worry about local and global issues, such as *"land desertification"*, *"drought and flood"* and *"greenhouse effect"*. They noted that *"Rapid desertification brings big harm on human beings"*. Children's ideas about hygiene - *"I hope all people can maintain good hygiene"* and *"I care about hygiene"* also extended to HIV/AIDS. One child said *"Leading a life without caring about hygiene may catch HIV"* which also indicated problems of accurate knowledge about HIV/AIDS and hinted at issues of stigma and discrimination, and morality that often led to the spread of myths.

Drug use/ HIV/AIDS

This category involved the spread of drugs into the family, AIDS patients, AIDS orphans and society's capability of controlling AIDS. *"I care about AIDS orphans most. What worries me most is that one day the society may abandon AIDS orphans like me."* Children expressed their extreme hatred for drugs. *"Drugs cause dissolution of family and deprive family members of health and happiness. Needle sharing fuels the spread of HIV."* *"Human beings should relentlessly fight against drugs and HIV/AIDS that drugs bring about."*

Worry about themselves

Children also developed a category that expressed many things about themselves: their personal cares, fears and anxieties, and focussed particularly on their relationships and understanding with other people. *"I wonder if I am favoured by others." "I worry someone may laugh at me." "Someone may misunderstand me." "I fear I may make a mistake." "I care about my health." "I care about my future."*

Friends

"I care for the health of my friends." "I love my friends." "I am much worried about being unable to making friends with others."

Friends are very important for children, who can listen to innermost feelings and help solve difficulties. *"I tell friends all my troubles in daily life. They always help me out."* Children care a lot about whether they have friends, whether others are willing to make friends with them, which can affect their self-worth to a large extent.

Safety

Twenty-two children came from rural areas to the Yingjiang County town and spent five days there in the workshops. Every day there would be times when children had to cross the very crowded streets, and they became concerned for their safety. *"I care whether or not people are observing traffic rules."* During discussions on methods and issues in the survey, children also pointed out the importance of safety.

Others

A few other issues did not fit into these categories and were placed together, ungrouped. *"Will Taiwan return China smoothly?" "I am concerned about the needy most." "I am concerned about the unity of the country." "I hope for a universal union of the human beings." "What concerns me most is the conflicts that occur in my village."*

CHILDREN'S PERCEPTIONS OF VULNERABILITY

XINJIANG – WHO ARE 'CHILDREN IN DIFFICULTIES'

Children discussed and then listed six categories of 'children in difficulties'; but each category may interlink and contain several groups of children in different living environments.

1. Children without care from father/mother

In the eyes of children, all children whose parent (s) divorced or have died satisfy the meaning of 'children in difficulties'. The children of divorced parents are also deemed to be orphans in that they are deprived of love of parents. This designation was the outcome of a dispute over *"whether or not children whose parents divorced are orphans."* Those who agreed they are believed that divorce leaves children without care from parent(s), some of them having to live with relatives, thus mimicking situation that orphans meet. Without guidance of adults, they cannot find a way out by themselves when they get into difficulties, and they are prone to be trapped by bad practices.

In addition, children noted that the children of migrants are also vulnerable. They said that children with parents by their side usually enjoy preferential financial support, and so children whose parents are not with them because of seeking jobs in other cities are also children in difficulties.

Children also raised the issue that children abused by parents live in deep sorrow. This, which also reflects their recognition and experience of the importance of care and support from parents, implies that abused children should also be in this category alongside orphans, along with the children of migrants and of divorced parents. The key to the classification is being without care.

2. Children dropping out of school

Children dropping out of school and children who are illiterate do not have much hope for their future and they will often turn to become street children. In the case of them encountering difficulties, they will not be able to resort to knowledge or guidance acquired but will be left stranded.

During the research review workshop, some children highlighted that dropping out of school

should be attributed to the loss of support to continue education, and not to children's intelligence. They noted that some children demonstrated skills for making a living even though they were unable to receive education.

3. Disabled children

Whether disability results from congenital or acquired diseases or accidents, disabled children may be trapped by all kinds of difficulties. Physical disabilities can deter the children from doing something. Although some children would like to help them, they may be laughed at.

4. Homeless children

Children who are homeless are especially prone to be induced to conduct wrongdoings, and vulnerable to smoking or drug addiction. Some addicted children cannot afford drugs and they become desperate to find money. Some have to carry drugs for adults and eventually become addicted. Thus, child drug-abusers and children in conflict with the law are linked with this category, as are some working children.

The children did not deem all homeless children as vulnerable although they were not in school. Some work on the street and are very able, making some money for their families. But some of these 'street children' are seen to be rude and rash, without considering consequences of their actions; a few homeless children bullied other children who are in school.

5. Child Victims

This category includes children who suffered from natural disaster, traffic accidents, poisons, parental drug abuse, and children who are infected by HIV via 'innocent' ways. They felt that when they grow up these children may mull over being affected by chance and the incident or problem that made them a victim: for example, *"why am I an HIV victim?"* and some of them may do bad things due to over big mental pressure.

6. Children living in poverty

Children living in poverty may succumb to disease and death being unable to afford to treatment.

YUNNAN – WHO ARE ‘CHILDREN IN DIFFICULTIES’

When discussing the reasons, the children finally reached consensus as: children in difficulties are those that have lost family or been abandoned by family, have no support, no care, and no help available. In a word, lack of care and loss of supporting adults are the fundamental causes.

1. Children without parent support

When children are unable to get protection from a parent, they may be looked down and laughed at. Furthermore, they have no outlet for venting their resentment and feelings. In addition, they cannot get financial support to pay for tuition, and even cannot afford food and clothes. Most children confide in their mothers and ask parents for help. *"I always confide to my Mum. She knows me well and can help me out." "I ask my parents for help. They are as important as my life."*

2. Children who are unable to receive education

Children are all aware of the importance of schooling and learning in their life. They discussed a lot why some children couldn't go to school and finally presented the following reasons. Some parents who are addicted to drugs cannot pay tuition for their offspring; some parents do not think education is important, and refuse to pay the tuition; some parents are sick (including HIV positive, or with AIDS) and unable to pay tuition for their children; some parents are reluctant to pay tuition for girls; some divorced spouses cannot afford tuition; and some children are unable to receive education because of learning disabilities.

3. Children affected by HIV/AIDS

HIV infected children and AIDS orphans are discriminated against and they become ‘helpless and hopeless’. This means that children want to make their life better but cannot and feel helpless, and they also think that they cannot make it better in the future and so feel hopeless. Thus, if children are hopeless, ‘my future is dark and there is no

hope for anything’ and if helpless, then ‘I want to do something, but am not able to do it, and no one will help me to do it. I cannot do it by myself because my capacity is not enough or I have no money’. Therefore, the elimination of discrimination is a top priority in HIV/AIDS prevention and care.

4. Children with disability

Disabled children are handicapped by being unable to go to school or unable to help to do some housework. They sometimes experience discrimination and live in unhappiness.

5. Homeless children

Homeless children are separated from their families, unable to get support from families, cannot get any support and care from adults, and cannot afford food and clothes. Sometimes they become ‘street children’, that is, they live on the street. Homeless children can become street children in cities or stay in rural areas with other people and find a place to live and sleep and go and beg or do something for other families in the day.

6. Children born to poor families

Due to poverty, they lack food and clothes, let alone ability to pay tuition.

7. Children as disaster victims

Natural disasters deprive children of family members and home. Children lack food and clothes, let alone money for tuition. Schools may be flooded away and children cannot find a place to learn something. All these are very harmful to the physical and mental health of child victims, who are not as lucky as others to live a happy childhood.

8. Children whose homes were destroyed by wars

This was not fully explained at the time.

Children also pointed out that adverse factors, and these categories can interact. For example, children without parental support or guidance can lose the chance to school or leave home, and may easily take to using drugs and can then be also affected by HIV/AIDS.

CHILDREN'S FINDINGS

XINJIANG – MAJOR FINDINGS OF CHILDREN

"Many people confided to us their innermost thoughts and feelings during the interview."

After sharing and discussing their research findings, children listed the 'Top Five Worrying Things' from the research in the following priority order:

- loss of parents;
- parent's addiction to drugs or infection with HIV;
- being isolated or discriminated against;
- dropping out of school;
- confidentiality.

They also discussed the main difficulties they had found and the cause and impact of those difficulties. The children went on to look at what are the expectations or hopes of children regarding how to address the difficulties.

The difficulties were listed as:

1. dropping out of school;
2. Mental torment – emotional health and pain
3. Stigma and discrimination;
4. Lacking protection and being bullied.

FIVE MAIN CONCERNS

Loss of parents

Before the interviews, the researchers identified 'children without care from father or mother/parents' as being in difficulties. After the interviews children said that, *"we learned about their difficulties, and their dreams and pursuits during interviews"*, and *"we become aware of the importance of the great love of parents"* (and, they said, of the love of their own parents). The experience of visiting the homes of children in difficulties and directly talking with them allowed participants to further understand the potential impact of loss of parents upon children. Thus, *"they fear they will become orphaned once their parents die"*, *"they fear they may lose home as well as their parents."*

Also, divorce and migration were included in this category. Children, for example, *"worried about divorce of parents, and that may leave them orphaned"*; divorce leaves children "deprived of the

love of parents"; *"the diseases may be incurable and my parents may die"*; *"parents have left their children to work as labourers in other regions, while children worry about them"*.

Parent's addiction to drugs or infection of HIV

Before the survey, children's concerns about AIDS/incurable diseases were extensive and after the survey, their concerns became concentrated on parent's drug abuse and parent's AIDS. The shift in perception may reflect the importance of parents to children and that drug abuse and AIDS may play a principal role in depriving children of parent love. *"My dad was addicted to drug use and mother divorced with him and left us, I hate my dad."* *"Aishanjiang's mother became perverse after becoming addicted to drug use and we are upset by this."* *"Parents may contract AIDS if they use drugs"*.

Some children knew much about AIDS through their participation in some AIDS workshops or HIV/AIDS knowledge contests. However, over twenty children knew little about AIDS or did not think the knowledge they had was reliable. After conducting interviews, many children knew about the relationship between drug abuse and AIDS, in that shared needles were main vehicle for HIV spread in their area. Children worried that *"my parents are drug abusers, will they get AIDS?"* They feared *"can I be infected with AIDS?"* Children also knew addiction meant that it was hard to quit. *"Some children feared that their dad may relapse into drug abuse."*

In the final workshops, differing opinions were raised among children in discussion on the AIDS epidemic. Some believed that ways to cure AIDS will be found soon but others believed it will be forever impossible to find ways to cure AIDS.

Being isolated or discriminated against

Prior to the survey, children raised the issue of discrimination by referring to *"self-respect or dignity"*. After the survey, they directly mentioned their concerns of facing discrimination or being isolated: *"I may be laughed at"*; *"I may be excluded by my peers"*. A child whose father took drugs was

surprised at 'little journalists' interviewing him, because no one ever would treat him equally like that. In the review workshop, the children talked about their feelings when they were being laughed at. Because of this, what moved them most was that *"some people were very friendly to us and they confided their secret to us as if we were their siblings"*. Also children met with adults when seeking out and interviewing children and found some adults were friendly (perhaps because those adults were facing discrimination): *"some adults did not look down us as children and they accepted our interviews with tears in eyes."* *"When I [adult facilitator] asked one child what she thought about the significance of the interview for children, she said being respected and talking with them with a frank attitude are most valuable experiences for them, because few people would communicate with them like that."*

Dropping out of school

Among the 233 children interviewed, only 48 were still learning in school and two of those may drop out of school soon. The interview helped little journalists know about the reasons for dropping out of school of 157 children, who were supporting their families by shoe-polishing or running a tea stand. Many of the children who had dropped out of school wanted to resume their education, because otherwise *"we may become a baddy"* and *"I do not know what my future is."* [For discussion of the meaning of 'baddy' see section on children in difficulties.]

The reasons for dropping out of school were often associated with parents' health and financial problems. *"I may drop out because my parents are in poor health"; "My poor family does not allow me to be educated"*. It should be noted that children mentioned another cause as important - their schools and their teachers. *"Teachers do not understand me and I lose enthusiasm for learning."* *"Even if I study hard I will drop out school for some other reasons"*. Physical punishment and being laughed by teachers or classmates were the two most frequent reasons for dropping out of school which were cited by children interviewed at Chahua

Village. In addition, adults also expressed their complaints about the physical punishment conducted by teachers, pointing out that unqualified teachers may be the reason.

Children believed that a free space for developing hobbies and studying hard may contribute to a better future, but excessive learning pressures and too much homework prevent them from having time and space for doing these. They felt some parents unduly played up scores and ignored the development of children in other aspects.

Children also pointed out that being cheated, kidnapping and disease also can result in discontinuation of education.

Confidentiality

During the workshops, great stress was laid on confidentiality. The experience of the child researchers during the interviews reinforced the importance of confidentiality, and how difficult being open or losing confidentiality was for some children. For example, *"We went to Chahua Village to interview a boy. Although the boy was friendly to us, his two elder sisters foul-mouthed us. They did not believe we would keep secrets for them and they were afraid we would make their secret public. We were distressed."* *"The interviewees were much concerned about giving away the secret."* *"They feared their secret might be made public in the newspaper."* These concerns are evidently associated with stigma and discrimination.

Children noted, *"Those who take drugs or are infected with HIV will not let others know about them"*. In the survey, three boys went to interview a boy who took drugs. They were treated in a bad manner once they proposed to interview him. In addition to drug use or HIV infection of family members, children are often laughed at or discriminated against for their difficult situations. One interviewee said, *"Some others bad-mouth me that my dad was a drug abuser, I wonder why my dad loved to use drugs, and why my dad died?"* And the interviewers noted that *"he could not help crying saying this"*. A 10-year-old girl told the

interviewers: *"I collect bottles and boxes along roads and sell them for paying my tuition, but however hard I worked, I could not approach the sum demanded and my teacher made me stand in the classroom, being laughed at by my classmates."*

Children's Summary

The survey results focus on following issues. That drug abuse/AIDS may deprive children of parental love, of education and may act as a principal cause for being discriminated against, therefore, the children wanted to keep their secret, which again emphasises the importance of anti-discrimination in fighting against AIDS. But, in contrast to keeping their family status a secret, the children openly expressed their difficulties and hopes.



XINJIANG – DIFFICULTIES OF CHILDREN

1. Dropping out of school

"Dropping out of school due to financial problems."

This is a common difficulty, experienced by most children in the research. Various reasons may lead to poverty. The children's research found that drug use, HIV infection, parent's divorce, loss of one or both parents and serious diseases, including AIDS, of family members are the factors that lead to family poverty. These factors also interact with each other.

Among the children interviewed, 22 had a family member who is taking drugs or infected with HIV. The principal drug abusers were their fathers. *"In the past we led a happy life. But my Dad was later addicted to drugs and died of AIDS, and we come down in the world. (My Mum sold our home in order to save my Dad, and we were in abject poverty. I work as a shoe-boy to make living.)"* *"My dad used drugs and my Mum divorced him, I now live in my granny's and earn money by shoe shining."* Seven children have mothers who divorced their drug using husband. Four children do not have fathers because of deaths due to drug abuse: one of these deaths was later confirmed to be drug-related AIDS (another father was suspected as an AIDS patient).

Children's view was that among family problems it is a father's drug abuse that does most harm to children, and has the greatest impact on children. Father's drug abuse often leads to family bickering, divorce, infection of their spouse and subsequent AIDS (via sexual transmission), and death due to AIDS. This was evidenced throughout the project, in the issues children raised, their perception of children in difficulties and their research findings. Children see the mother and children as usually being direct victims of father's drug use, mother possibly becoming an AIDS patient and children becoming AIDS orphans.

Also, at Haitian Street, children noted that there were many young men who could not find jobs and so were laughed by others, deprived of self-esteem and were lost in depression. They are vulnerable to drug use. Someday in the near future they will become husbands and fathers, and if they cannot be helped to find and live a good life there will be another family that will be affected by HIV/AIDS through drugs.

Apart from nineteen children with divorced parents, seventeen are orphans whose parents died in their early childhood. Divorce and bereavement leave children in abject poverty, and they had to try to earn money for the family. An 11-year-old boy who lived with his mother and two sisters said: *"Dad has passed away and we can not live a happy life as before."* An 11-year-old boy who is still in school due to funding from the government said: *"my parents are divorced, my Mum works in a restaurant, I want to be a driver. I buy exercise books with money that I earn from selling cool tea. It was a great shock for me when my parents divorced."*

Ill-health and diseases of family members often lead to poverty. A 13-year-old boy who had dropped out of school said: *"my Dad suffered from pneumonia and we sold our farm to treat his diseases. But it proved futile and he died."* A 13-year-old boy said: *"my Dad was severely diseased and my Mum borrowed a lot of money to save him. Being unable to pay my tuition, I left school."* The attitude of their teacher towards children is also a major factor influencing children's school attendance.

2. Mental torment: psychological and emotional pain

Difficulties not only include material shortage; mental torment and mental health problems also matter much, and these may be even harder to endure. *"When I ran back home I found Mum had died, and I cried."* *"They were distressed for their drug abuser father. They cried and begged father to quit. Now that their father has returned to the right way, they are happy despite their poverty. The girls said that they are happy although they are poor, as long as they are free from anxiety."*

Children saw that parents' relationships, behaviours and luck have a particular impact on children. Parents' drug use (or HIV infection), divorce, serious disease or accidents (*"Father died in a car accident. Mother brought us up."*) not only impoverish their families, but also leave their traces in the heart of children. *"They [the children interviewed] are distressed for their abuser father."* A boy mentioned the passing away of his father: *"I was depressed then and my enthusiasm for*

learning waned, I even was reluctant to go to class. Later, I dropped out school to relieve my family from financial crisis. From then on I experience the hardship of life. Now whenever I think of my past dreaming for a good future, my heart bleeds."

Quarrels between parents prior to divorce also deeply distress children. Discrimination as a result of drug use or HIV infection of family members aggravates the already existing emotional pains of children.

3. Stigma and discrimination

Children found that the attitudes and behaviours of other people will usually significantly influence children's self respect, attitudes, behaviours and self-identification, particularly when they are in difficulties. Children in difficult situations are often stigmatised or discriminated against for various reasons. A 12-year-old boy who was arrested for theft, said *"discrimination and repulsion are the most intolerable agony."* He advised other children to take note of his experience: *"do not be a baddy like me; cherish time and do not play truant."* The interviewer noted that, *"His friends laughed at him saying he is an orphan abandoned by divorced parents."*

Drug use or HIV infection of family members is cited as the top cause for discrimination or stigma. An 8-year-old girl whose father was out of work due to drug abuse said: *"I will be sad if someone says I am a daughter of a drug abuser. I do not confide this fact even to my teacher."* A boy whose father died of drug abuse said that, *"some people swear at me that my Dad was a drug abuser."* This is not a simple problem because of the feelings children have for their parents, even when they cause them unhappiness: it is a problem of discrimination. As one child with a drug using father said: *"although my Dad uses drugs, I still love him, because he is my dad."* During the survey review, children unanimously emphasised that family poverty should not be a reason for discrimination.

4. Lacking protection/being bullied

During the discussions, we once again saw that children's difficulties are interrelated. Dropping out of school not only undermines the future of children, but also affects their present lives, leaving them in 'mental torment', and possibly facing discrimination and being bullied. *"I left school due to financial embarrassment. Some look down me because I am poor. I was once abused by some adults."*

Children who dropped out of school to work and earn money for their poor families may be bullied at their work. A stepmother/stepfather frequently does not treat the two sets of children with an equal hand. Pupils getting a poor score or who are unable to pay tuition may be laughed at by teachers or be physically punished. Children asked, who can protect them?

An 8-year-old boy dropped out of school due to financial problems. *"This boy runs a tea stall on a street earning six renminbi each day. The boy gave all the money to her mother helping her making living. Sometimes some adults drank his tea but refused to pay him. The boy came to his mother and could not stop crying although his mother tried her best to soothe him."* Another boy, also working said: *"Some people do not pay me but beat me, while some people help me."*

A girl who lives with her stepfather said: *"I am not spoiled by my stepfather, he does not pay my tuition. He only offers money to children of his set [his own biological children], he beats me and curses me, my Mum is helpless witnessing this."* A boy told an interviewer about his stepmother: *"she made me sleep on floor and I only had charred flat cake to eat and bad clothes to wear. So I could not tolerate this and become a street child. Sometimes when I was hungry, back home flashed in my mind, but I decided not to return for preventing myself from seeing her."*

A 13-year-old child who dropped out of school said: *"five children of my family discontinued their education because of poverty. Even worse, the teachers were so cruel, they instructed us to stand with bricks in hand and beat us."* A 12-year-old boy who is still in school said: *"before I could pay off tuition, my teacher drove me out of classroom several times." "The teachers beat my mouth until it bleed for my small wrongdoings and my granny cried seeing this." "I was originally interested in learning, but I left school because of being physically punished."*

Some children were taken in or supported by relatives, particularly grandparents. The government provided an allowance for some children, and some other local people also offered help, both material but also simply consolation and similar support that was highly valued. *"I miss my original family. When I was about two, my parents divorced and I lived in my grandpa's. My grandpa*

and granny treated me kindly but I still miss my original family where my parents cared for me, I hate and miss them. I mull over my misfortune, is it acceptable for parents bearing me and then abandoning me? I am 15 years old now and my grandpa and granny are too old to sustain me. Will my grandpa and granny look after me long enough and provide tuition for me, how should I do if they die? I want to get a warm family where parent love exists."

Other local people offering help for the children, included friends (other children), teachers, and some adults. For example, children cited a local woman who, although she herself is not rich, managed to help children continue their education and, as they said, *"This moved us deeply."* Also, *"Relatives and neighbours help to relieve us from difficulties". "When he is denied payment for shoeshine, friends come and console him."* *"Originally I wanted to drop out of school and go to the street to earn money. My teacher came to my home and talked me out of that idea. She helped me to get social security aid from the government and now I am offered 180 renminbi a month and I lived a better life from then on."* *"Now I stay home to look after my diseased mother. We are lucky enough to get social security aid from the government, which helps us survive."*

Nevertheless, children found that help is not yet adequate or appropriate. *"Although the social security aid helps us to survive, we still lack money for tuition."* *"There is a family with seven members including the mother and six children. The father abandoned the family. The government, however, only granted subsidy for the two boys."* *"He continued education under financial help from the Street Office, and his school offered him free education. What annoyed him was that the school took back books that were promised free, which deeply weakened his aspiration for being educated."* *"My granny refused to receive a new house offered by the government, because she wanted a house located other than the place she lives now. She hates it because it ruined the life of her son. They are in extreme poverty."*

Children also suggested that the government should clarify while distributing subsidies for minimum living allowance [social security] that the money is for the family as a whole, not just for a certain family member. Children found that some

people use the money for themselves, for example, the husband receives the money and thinks he will use it himself and does not see it as being for the benefit of the whole family.

HOPES

The discussions on children's hopes were not just the dreams of children, but also their ideas of ways to address their difficulties and realise their expectations. They realised that some things could not be reversed or changed. *"I wish we family members are able to live together happily, now it is a dream that will never come true, I am sad about that."*

Many children want to become a doctor, a teacher or a police person. Children want to be a doctor to cure their diseased family members; to be policemen to sweep away drugs; and to be a teacher to give education to children living in poverty. Drugs and AIDS are major mishaps that plague children, depriving them from being educated. But even those children in school found that unqualified teachers brought about hurt to the children. Children felt these issues indicated the importance of public services such as health care, public security and education in the lives of the general public. The children also expressed their wish for peace in the world.

Many of the children who want to be a doctor want to help their families, but also emphasised that they want to be able to serve poor people and communities. *"He also hopes his father can recover as fast as possible." "I want to become a good physician, being able to produce medications that can kill AIDS." "I want to become a good physician and cure my Mum." "I am eager to become a doctor and serve those can not afford medical fees, and rekindle their hope for life." "If I am lucky enough to be educated, I want to become a doctor and cure those unable to pay for treatment." "To be a physician and offer treatment without charge."*

Some children were interested in police work so they could get rid of drugs and capture traffickers, and somehow stop people abusing drugs. *"My Dad was arrested due to drug abuse, I want to become a policeman capturing those drug traffickers." "My elder brother once was a drug abuser, now he has quit. I want to become a policeman sweeping away drug." "I want to become a policeman because there are too many drug abusers." "He wants to become a policeman because he experienced being robbed of money." "I want to become a policeman capturing those*

drug traffickers." A 9-year-old boy whose father was an addict and whose mother had divorced his father said: *"my Dad was a drug abuser and he was arrested and divorced with my Mum, I want to become a policeman capturing abusers as my dad." "I hope my Mum will return and Dad quits drug use."*

Many children wanted to be able to go to school themselves, but also to ensure that all children are able to go to school. One interviewer recorded a 12-year-old boy who lived in a family that had six members. His mother was frail and his father had sold out all they owned to pay for medical treatment. *"I am anxious for going to school."*

Other children talked about their hopes and desires to go to school or continue their education. *"I wish all children are luckier than me being able to go to school." "If I am lucky enough to continue my education, I will cherish it." "I hope to be funded by the authorities and study hard and devote myself to the society in the future."*

Some talked about wanting to teach other children in the future, and to be able to pay particular attention to children such as themselves, who have difficulties in continuing in education. *"I wish I could become a teacher when I grow up, teaching students and contributing to the development of the nation." "I want to become a teacher, devoting myself to those unable to go to school due to divorce of parents the same as me." "I want to become a teacher helping those unable to go to school."*

YUNNAN – MAJOR FINDINGS OF CHILDREN

"As a little journalist, I'm deeply moved during the interview. So many children are living a miserable life."

The 'top five worrying things' listed by children in Yunnan from their research were as follows. The top three are in order of priority, but the fourth and fifth were the subject of much debate and in the end were ranked equally

- dropping out of school;
- the spread of HIV/AIDS;
- losing family members;
- future sustenance and financial problems.

Children also discussed what they had found are the main difficulties faced by children, and the cause and impact of those difficulties. They went on to look at children's hopes for what their life will be like, what changes they desire, and how difficulties can be addressed. The difficulties were listed as:

1. being unable to go to school;
2. sadness/loss of confidence;
3. stigma/discrimination;
4. difficulties in daily life.

Children also considered the links between family, protection, school and help. Also the problem of obtaining any help and if successful, that help usually being only temporary.

FIVE MAIN CONCERNS

Dropping out of school

Children all acknowledge the importance of schooling, which was also mentioned during discussions on issues of most concern to children and what makes children vulnerable or defines children in difficulties. *"My friends will lose the opportunity to go on learning in school." "I am much worried about my future education."* Such concerns directly stem from interviews with children who have dropped out of school.

- *"What about your feelings over being unable to go to school?" "I am sad and envy those who are able to go to school."*
- *"How do you feel when you have to leave school?" "I am very sad because I will lose any chance making my dream come true."*

- *"Do you want to go to school?" "Yes, because education is vital for me, without it I will be unable to make my dream come true"*

The most frequently seen sentence in the interview records is *"you don't know how eager the children are for going to school"*.

The spread of HIV/AIDS

The spread of HIV/AIDS was ranked second due to its horrific harm and wide impact, especially including the effects of creating orphans, poverty abandonment, and school dropout. *"Many orphans are victims of drugs and they hate drugs because drugs killed their parents, depriving them of parents' love." "We saw children dropping out school due to death and poverty brought about by drugs." "The mother abandoned her baby and the addicted husband." "I felt sad that the HIV infected persons became worse day by day."*

Losing family members

Lack of support from parents and other family members means no chance to school and loss of protection. *"They worry they will lose care and protection from family members." "They are worried about losing support."* More importantly, loss of family members is a pain that will not vanish for all their life.

A child without parents was interviewed:

"How do you feel when you lost your parents?" "My younger brother and I were very sad. We cried tears and did not want to eat anything. I almost want to die with them." "Why did you want to die?" "They left us and how can we sustain living. It is meaningless to lead a life like this."

Through the interviews the researchers felt they understood more *"what bereavement sorrow was"* and *"what sadness was being unable to go to school due to loss of parent support."*

"When I saw scenes of parents and children living together happily I was so jealous and tears rolled down my cheeks. I lament my misfortune."

Future sustenance and financial problems

Children debated the ranking of two concerns, of 'being worried about future sustenance' and 'being worried about financial problems' and failed to reach a consensus. Finally, the two concerns were ranked equally. During the debate, one group of children "prefer future happiness to money" and thought "happiness is the most important thing" and "more attention should be paid to future life". But others emphasised "no money, no happiness", and "adequate income is the basis for everything" and "money can promote the construction of hometown".

Future sustenance

During the interviews, children witnessed the difficulties of many families. "There are so many painful words that I had never heard before". The interviewed children were seen to be living a poor life and unable to see their future. "All child victims worry about their future life, how to do and what to do to cope with it. They fear they will be discriminated and laughed at."

One interviewee, a 15 year- old girl had a younger brother. They were unable to go to school due to poverty. Their father had been a drug abuser and quarrelled with their mother all day and all night.

- "Will the situation adversely influence to your life?"

- "Yes, my father was a drug abuser and I am afraid someone will say that I am a daughter of drug abuser who has died due to drugs. And I cannot leave my mother and younger brother to go after a better life because they need me."

- "Will the situation affect your hope for a better future?"

- "Yeah, I can not calm myself yearning for going to school, now the hope to return to school is further and further away from me, nobody helps me and I am hopeless."

Children think of their future, and often worry. "I am afraid my family will be poorer." The researchers also came across adults who felt anguish because of the situation. "The old woman immersed herself in pain and shed tears during the interview. We tried to console her by saying that the living conditions would be improved."

Financial problems

"I witnessed many children living in poor families who lack help. They craved after help and the opportunity to return to school, and hoped to regain happiness." "I saw many sick people who did not attend hospital because of lack of money".

Only three of the nine disabled children interviewed were born disabled [with learning difficulties], the other six having disabilities due to being unable to get money to pay doctors or get proper treatment. Natural disaster is another cause for economic constraints. "Many villages were flooded, leaving abject poverty and mass loss of school education."

Children's summary

The discussions on 'what worries you most' were passionate. The dispute over 'future sustenance' and financial problems was fierce and uncompromising, which may be the result of children's direct experiences in their interviews. Since their interviewees were principally children in difficulties, the little journalists empathised with them, and in their discussions thought about the 'shadow cast onto children's heart and future' by dropping out school. They believe that AIDS brings about untold harm and horror. They found that relatives are principal resource for supporting children to be educated, but that AIDS often exploits this resource (infecting those relatives and weakening families), resulting in children dropping out of school and their loss of happiness and confidence in the future. The entire discussion revealed the acute perceptions of the child researchers, and their feelings - they becoming wordless and grieving when heard what hardship some children are suffering.

YUNNAN – DIFFICULTIES OF CHILDREN

"The interviewees were unable to lead a happy life. All of them were in deep sorrow, and some children lacked food and clothes"

"The child victims were thin and bony [not having enough food] and dwarfed with sorrow and sadness in their eyes!"

1. Being unable to go to school

Being unable to pay tuition fees due to poverty is a direct cause for dropping out of school, usually resulting from family-member drug abuse (developing AIDS or having died due to AIDS) or suffering from other diseases.

In the children's research, over a quarter of interviewees (24) had dropped out of school. Thirteen children had dropped out of school because of their father's drug-addiction resulting in poverty or divorce: in some cases their father had now died. A 15-year-old girl whose father died from drug abuse now lives with her mother, granny and younger brother. She said: *"long ago my family was relatively rich, however misfortune fell since my father was addicted to drugs."* Drug users not only pay a lot of money for drugs, but also have little productivity. The heavy addiction of fathers often forces mothers to leave home. Mothers of eleven children left home or remarried due to their fathers' drug use or HIV infection. Five children had dropped out of school because their parents were sick or had died (of AIDS or other illnesses) and they were unable to pay tuition.

Children pointed out that life is much worse for children who have a disability and no chance to go to school. *"This disabled girl is unlucky, she contracted a severe disease. Her family believed in superstition and gave her wrong therapies and her diseases worsened. She finally became disabled and lost chance to go to school. She is like a flower that withers too early."*

2. Sadness/loss of confidence

Children found that loss of parents, no chance to go to school and other difficulties deprive children of happiness and a normal childhood, and affects their self-esteem, self-confidence and respect, and their mental health. *"Nobody pays tuition for me and I am very sad"* said a girl orphan whose father died due to drug abuse, and her mother also died due to

the sexual spread of HIV/AIDS from her father: *"I am lost in despair."*

Dealing with the results of death, abandonment, being excluded from school opportunities, took toll over a long period. A boy whose father died due to disease was asked *"How did you feel when your father passed away?"*. He said *"My father died and my mother abandoned me. I was too young to perceive sorrow at that time, but now I am in deep sadness and feel helpless."* Another boy had to live in his granny's home because his father was infected with HIV and his mother abandoned him. The incident brought endless unhappiness to him and his only hope was to live in a happy family as other children do. Children said that he was a victim both mentally and physically.

3. Stigma/discrimination

Disabled and poor children are often laughed at. *"I am sad, I am poor and deprived of friendship."* In particular, children with drug using or HIV infected fathers are seriously discriminated against.

A 14-year-old boy whose father died of drug abuse and mother died of severe disease was asked: *"if you are offered an opportunity to learn in a school, will you go there?"* He answered, *"never, because I am so shy I am afraid someone will laugh at me."*

A 13-year-old girl lost her parents due to HIV/AIDS. She said: *"The neighbours burnt out all the things that my parents had touched in prevention of AIDS when my parents died, and some children scolded me that my parents died of AIDS, I cried tears all night."*

A 12-year-old girl, whose father was a drug abuser and her mother divorced with him, said: *"we are so poor and my sister and I do not know what a classroom looks like, we do not have a happy childhood and we are living in stigma and discrimination."* A child who was unable to go to school turned down an interview because, he said, he was not interested in sharing his misfortune with others. When asked why he held such an attitude, he said that: *(1) he hated whispers; (2) he might be discriminated against once others know his situation; (3) he could not benefit from confiding his misfortune and he did not want to get help; (4) he did not want to share his misfortune with others.*

4. Difficulties in daily life

Difficulties in daily life involve poor food and coarse clothes, being unable to afford medical fees, family burdens undertaken by too-young children. As noted in an example above, sometimes children experienced a rapid transition to poverty because of parents' consumption of drugs. The resulting hardships were considerable. *"They had no rice to cook and sometimes begged some from neighbours."* *"My family once was rich. Unfortunately my mother died and father was addicted to drugs. He consumed all the valuables of the family and we lack food and clothes. I have to count on my 70-year-old grandpa. A full meal will satisfy me and I do not have ambition to get educated."*

There was a family that had five members in a village. *"The family was in great difficulty, it had a 9-year-old girl who was suffering enlargement of liver and spleen with nostrils bleeding. The family could not afford medical fees and the only resource of money was a small sum earned by the mother. Due to lack of money, the daughter had not been surgically treated for three years. Even worse, the father of the family contracted rheumatics and died. This situation was narrated by the mother."*

The impact on children's lives is more than material. A boy whose parents died when he was 9 years old said that he wanted to die together with his parents at that time, but he did not because he had to look after his younger brother. Now he is living with his uncle and does all the housework.

Families, protection, school and help

Analysis of the issues that concern children deeply and the difficulties faced by children demonstrates the importance of families that provide protection for children and support their development. Family members play a critical role in providing children with the chance of schooling, helping them deal with living pressures, protecting them from discrimination and helping solve their troubles.

This research showed that drug use, HIV/AIDS and serious illness are the three major factors that cause destructive damage to families or family members. Children discussed some of the reasons for drug use, recognising that particular events in people's lives, especially personal tragedies, may lead them to take drugs to relieve mental pain. [30] Local people said drug users would sell all the

valuable things in their home in order to buy heroin. Among 37 students that are still in school, 18 have a father who is taking drugs or has died due to infection of HIV. How will the children deal with their lives in case all their fathers die due to drug abuse or AIDS?

Children noted that while there is no doubt that serious illness affects people's productivity and income, the high cost of medical care prevents them from seeking proper treatment. *"Eating food stored too long may result in toxicity or disease. Leading a life without caring for hygiene may cause infection with virus. Being unable to afford medical fee or unable to get advanced medical facilities when suffering severe diseases. Believing in superstition, hating to be treated with medicine and diseases makes things worse. Eating poor food without sufficient vegetables results in malnutrition."* Therefore, they are struggling with poverty and disease simultaneously.

Even if and when help is available for children, only some of them obtain help and that is usually temporary. *"Some children were helped by the authorities and some others were not lucky enough to get some help."* Children also witnessed the differences between families obtaining help and those without any help. *"Families can lead a better life if they can obtain help"*.

The help that might be obtained by children is from the authorities, some organisations, relatives, neighbours or friends. *"The government offers us help, certifies children as disabled [provides a Disabled Certificate], and provides us with money and rice."* A 14-year-girl, whose parents went to Myanmar to mine jade and died of AIDS, told the interviewer that: *"I was in great fear before I could obtain help from the project offered by the UNICEF. Classmates were reluctant to play with us AIDS orphans and I cried in my shanty [home]."* [31] *"I live with my uncle and my younger brother lives with granny, we help them do some housework. They treat us like their own children."* *"Sometimes my friends donate some daily utilities to me and give food grain in case a bad harvest occurs."* *"I owe thanks to those who help me and I am satisfied, I hope the government will offer help to those child victims, some of them are more tragic than me and they have not had any help."*

HOPES

Children's main hopes focussed around school, subsistence, friends, treatment and social security. They found that care, love and warmth are transferred to children during the provision of help and problem solving. *"I hope I can get some care and love and help in learning." "He is yearning for a warm family as other children have."*

Schooling and subsistence are the top needs of most children.

There is nothing more important than being educated for the children. They always relate their future with education, hoping they can benefit the nation and their hometown.

- *"I need help to pay my tuition. Education is the top priority for me. Only education can help me to be relieved from financial problems."*
- *"I want to learn something. I hope some warm-hearted people can finance my education." "I will study hard and I want to contribute some to my mother country."*
- *"I hope somebody will offer me some food and clothes, help me repair the rain-leaking shanty, I hope someone can offer tuition to me and my younger brother."*

Children hoped that school would be a

friendly place. A 10-year-old orphan said, *"I am offered RMB 100 each month which can sustain my life, I hope my three siblings are able to go to school as me, the only thing that worries me is the stigma and discrimination from my classmates"*

The ability to seek proper treatment is very

important. *"My first care is the disease of my younger brother. I hope he can be cured and go to school."* A 16-year-old boy said *"my father told me that when I was very young I contracted a severe disease and my family could not afford medical fee, and the disease worsened and I became disabled."* When asked his feelings about being a disabled, he said: *"whenever I see other children playing and jumping, tears roll down my cheeks and I am heart-struck."*

The government has developed the social relief system for disabled children, but the coverage is limited.

"The government helps us build a house and offers us money for daily life. The authority also provides the Disabled Certificate to my daughter and offers 80 renminbi each month." "I hope the government can provide some help to her and provide her a Disabled Certificate."

RECOMMENDATIONS BY CHILDREN

XINJIANG

Based on their research findings, the children discussed how to help those children in difficulties and solve the problems they found during the course of feedback/analysis.

1. Provide relief for children who drop out

- Provide stationery to orphans and exempt them from tuition.
- Train teachers with child-friendly teaching methods and anti-discrimination awareness. Some children dropped out of school not due to financial problems, but due to being 'unfriendly treated'.
- Tell parents the importance of education. Some parents were able to financially support their children to be educated, but they fail to take responsibilities.

2. Hygiene and health

- Increase class time for physical education and help students build up their body. Many schools feel there is a shortage of physical education facilities.
- Integrate knowledge and understanding of AIDS into daily lessons. A collective training at all-school level had a poor effect, many students sitting at the rear could not hear clearly or understand.
- Spread AIDS understandings via diversified vehicles, including broadcasting stations, television, and entertainment. Develop some interesting and popular communication materials helping the public know more.
- Open up psychological counselling hotline.

3. Community environment

- Traffic is in disorder hampering children to go to school across roads.
- Rubbish in community is not well collected, some children pick and play with discarded needles.
- Community facilities are poor, and school is too far away from bus stations.
- Offer children facilities to develop hobbies, such as Children Activity Centres and Children's Clubs.

4. Ability to care for children

- Help and encourage grandparents of orphans to take responsibilities to raise the orphans, improving their ability to raise children through training and education.
- Educate parents with anti-discrimination awareness, including attitude and skills used to treat children that are not sired by them.

YUNNAN

Children's recommendations were not always made in specific statements, but can be drawn out.

Children wanted **responsibility to be taken for poverty, care, and education.**

"We should take responsibilities for those children living in poor families, as care is offered to us by our parents."

"We should be concerned for the future of the orphans and give them love as if we were their parents."

"I wonder why some parents do not allow their children to be educated but do farming."

"I do not know why guardians of children do not take their responsibilities."

"The society should provide help to the children, for example, offer them subsistence expenses and tuition, helping them continue education and pursue a good future."

"Care and love should be offered to help him/them solve difficulties. We can try our best to provide help and let more people know his/their situation."

"Help children in difficulties to be helped and educated."

"I wish children suffering from AIDS can get rehabilitated."

"I wish someone will offer care and help to them."

Children suggested **roles for the government.**

"I hope the government can do more to help children living in poverty or with HIV, helping them to obtain a better future."

"The government should publicise the hardship that the children are suffering through appropriate approaches, to call for the concern of the public and to solicit more help."

"I think the government is able to help those children dropping out of school, and the children who obtain help will get better life and benefit the society when they grow up."

"I suggest the government should take responsibilities to offer education opportunities to orphans."

"I hope the government can make an effort to help children living in extreme poverty to lead a better life."

"We wish government can help children to be educated, and poor children can get enough food

and clothes, we wish all children have a warm family and learn something as other children."

Children emphasised the **importance of emotional life and happiness**

"Help them to pursue happy life."

"Help children dropping out of school to go to school, help children living in a poor family to lead a happy life."

"Help orphans to get happiness."

"I wish children in poverty can lead a happy life."

"I wish children in difficulties will be happy and live in a happy family."

"I wish all poor children can get happiness, care and help."

"Wish all children living with AIDS can get help and care and let the children know they are not abandoned."

Children wanted to be able to **take action themselves**, and emphasised common action and humanity

"I suggest we compile our interviews as articles accessible to those children who live in happy families, calling for their help and help from people nationwide."

"Try our best to help them and warm them."

"Try our best to relieve them from difficulties."

"We should try our best to help them."

"Try our best to help the children overcome difficulties."

"We should be concerned about people in difficulties and offer help to them. We should not abandon them. The human being should depend on solidarity to overcome troubles, plagues and diseases."

Children emphasised **development of resilience**

"When children are affected by accidents and disasters they should be encouraged to overcome their difficulties and then the children will become confident and can resolve their problems later."

PARTICULAR PLACES: CARE, PROTECTION, PARTICIPATION AND RESILIENCE

Comparison of the children's views and research in Xinjiang and Yunnan throws up a number of important differences and commonalities. Such comparison is particularly of interest because both areas are often categorised under the same heading, simply as having HIV/AIDS drug transmitted epidemics. However, the children's research clearly indicates two important factors that will be crucial in planning and implementing any intervention or support for children. First, that of taking local circumstances into account, having an understanding of and recognising local differences as well as the nature of points in common across a country, region, province or other area. Second, that children's circumstances cannot be understood, nor their rights realised or needs met, without their participation. Consulting and listening to children is also equally crucial for planning and implementation of interventions. In addition, as this and other research has indicated, participation brings other benefits for children, in providing psycho-social support and promoting resilience.

The main commonalities in children's perspectives and circumstances between Xinjiang and Yunnan can be seen in the first three areas of difficulties listed by children when discussing their findings. Children's view on difficulties is very clear, and a similar sequence was developed in both Xinjiang and Yunnan. Being unable to go to school is a major difficulty, with all its implications of future prosperity, of lacking education, and of current social exclusion. Personal mental health, self-confidence, self-esteem (and even resilience is implied) is a clear number two. This issue of self-worth (which is linked to mental health and children's resilience) bridges both the first category, dropping out of school, and the third, stigma and discrimination, as major difficulties. The outcome of stigma and discrimination may be seen in the fourth difficulty, that of lacking protection and being bullied in Xinjiang and exacerbating the problems in daily life identified in Yunnan.

These three areas of difficulty - education, personal worth, and stigma/discrimination - were major concerns throughout the research process, and can be linked back to the initial issues raised by children which had four main areas in common - education,

family (health, prosperity, warmth), self-respect and confidence, drug use-HIV/AIDS. There was

some difference in the way these issues were expressed in Xinjiang and Yunnan, which can be seen in issues raised concerning self-esteem. In Yunnan children developed two categories of friendship and self-esteem, while in Xinjiang the importance of peer relationships was included with self-esteem and self-respect. Another area of difference in expression can be seen especially in the approaches to the major issue of children being without care.

Family care and protection

The problem of children being without care, particularly parental care, was highlighted throughout the project in Xinjiang and Yunnan. There were some differences, in children in Xinjiang discussing issues in some detail, while those in Yunnan named family as an issue but with only a few concerns. In Xinjiang children emphasised concern for the health of family members and the meaning of family, harmony and parent-child relationships. In Yunnan children hoped for family health and prosperity, and worried about the effect of HIV/AIDS. Although these appear to be different positions, the underlying issues and analysis shows key points in common, and (in retrospect) became drawn out through the sessions on defining vulnerability and describing and reviewing research findings.

The definition of vulnerability - children in difficulties drew out this issue in some detail. Children in Xinjiang specified the problem as 'children without care from father or mother'. It is the 'care' that is important, because they explained how children of divorced parents, children of migrant parents and children abused by their parents also fall into this category. The children in Yunnan specified the problem as 'children without parent support', and in a similar fashion it is the protection or support of parents that turns out to be the main criteria. The children without care, support or protection are likely to be laughed at, and so face discrimination, along with various material problems.

The results of a lack of parental care, support and protection are evident to children. They see some children become homeless with all that implies in terms of material circumstances, exclusion, and personal problems such as self-worth. The role of parents in providing protection is thus highlighted and also becomes a criteria for good parenting, without which children may as well be orphans (as the Xinjiang children noted). The consequences of this lack of care, protection and support for children frequently include losing education opportunity, and becoming homeless. However, children in the workshops also pointed to an apparent contradiction, of homeless children demonstrating good capacities and resilience through their work in supporting families, surviving on the street, but also in posing a threat to some other children. The problem of being a baddy or bad person was outlined.

Lack of protection: vulnerability, HIV/AIDS

A major cause of all these difficulties is seen as HIV/AIDS and drug use. But children's careful analysis shows that HIV/AIDS and drugs are not in themselves problems for children but rather that their effect contributes and creates problems. The wider complex of problems for children are lack of protection and guidance from parents, loss of self-esteem and confidence, and loss of education - all of which comprise and contribute to children's identity and future prosperity, and that of their family. The children are careful to identify what it is that family/parents should provide such as equity between children, support to go to school, care and welfare. But also that, as noted, it is not just children orphaned or abandoned through HIV/AIDS who are in need of protection. Other children are found to be in a similar state including children with parents in conflict with each other, children of divorced parents, children in reconstituted families, children of migrant parents, children abused by parents. These are categories of vulnerability and much depends on circumstances. For example it is children in reconstituted families with difficult step-parents, rather than all such families and step-parents, that constitute the problem.

This analysis has important implications for planning, developing and implementing strategies for HIV/AIDS prevalent areas and looking at children's circumstances. From children's analysis it becomes evident that it is particularly important that children orphaned by HIV/AIDS are not a separate category of children requiring separate policies. Rather, a broader approach for children's protection and development is required, looking at the complex of vulnerabilities identified by children.

These vulnerabilities are shown and thrown into relief by the HIV/AIDS epidemic and drug use of parents. They include isolation, loss of education, loss of loving adult protection and care, stigma and discrimination. But as children have pointed out, these problems are also experienced by disabled children and often to a great extent. An additional complexity was noted by children - that while some parents may abuse drugs at the expense of harmony in their family, and of their children's education, and causing poverty and distress, and stigma and discrimination - children often still love their parents and care for them.

Self worth, resilience and participation

These results for children (isolation, lack of education, stigma) come from parent's death, divorce, conflict, and family poverty, which are in turn exacerbated or caused by HIV/AIDS and/or drug use. The outcome for children can be becoming homeless, and daily life difficulties (including being bullied). The key for children in dealing with this seems to be self-respect and self-esteem - their capacity and resilience for the future. This appears also to offer the key for any strategy of work with children in the future.

The importance of resilience is shown through children's difficulties in both Xinjiang and Yunnan and in their initial issues. Children cited mental torment/ emotional health and sadness/ loss of confidence as major difficulties found for children through their research. At the outset children identified the importance of self-esteem and respect for others, and worry about themselves, personal fears and anxieties. It seems clear that children want development of self-confidence, self-esteem and self-reliance, in a context of respect for

self and others. Some highlight the problems of being a 'baddy' which seem to include a lack of knowledge, apparently meaning guidance or some ability to deal with right and wrong. Resilience is conventionally defined as the ability to recover and cope with problems and shocks (see also West 2005), and it is this sort of inner strength and capacity that is valued.

Children's self-worth and resilience is weakened or eroded through loss of protection, care and support and alternative means of provision are important. Although education is often cited as important in the development of resilience for children, this should not be equated with schools. Education providing positive resilience does not work at schools where discrimination is rife or teachers abuse their pupils. Thus strategies must address a number of factors, including discrimination, bullying, protection, and friendly supportive environments, in schools, communities and families. Peer friendships are important, as children indicate in the research, as a source of self-worth, just as are good teachers, particular family members and certain adults in the community – again as children indicate.

Another major resource for developing resilience was demonstrated by children throughout the project: children's participation. In their research children found the importance of listening to other children and of being able to talk about problems and be heard by others. They recognised discussing and sharing of issues and concerns as supportive. They found they learned and developed more confidence through participation in the project.

Future strategies for all children

These common points emerging from these pieces of research are reinforced by work by children elsewhere in China, but are highlighted much more clearly through this comparison. The extent of poverty and hardship should not be underestimated through the emphasis here on resilience as a means of moving forward. The poverty found by

the children in their research concerned them deeply. But they also pointed to the issue of the future and their worries about what that will be like.

Supporting children in being properly equipped for their future, and working together, will be of help. Children were also especially concerned about equity for other children, particularly disabled children, implicitly highlighting that strategies should be for all children and not only those affected by HIV/AIDS.

Difference

Attention to differences in the research sites and findings is also important in taking account of the ways issues are expressed and local concerns in order to develop appropriate local strategies. The research locations in Xinjiang and Yunnan were different in one being primarily urban and the other primarily rural, but they also revealed differences in local problems. The urban areas of Xinjiang brought out problems of working and living on the street, coming into conflict with the law in more detail than described by children in Yunnan. The children in Yunnan were aware of issues of becoming homeless and the possibility of becoming street children but paid it less attention. This is probably due to the degree of familiarity with life on the street, but also other vulnerabilities less discussed – as some children in Xinjiang noted, 'being trafficked by bad guys'.

A clear difference is the attention paid in Xinjiang to the development of nationality and of the motherland – an additional sense of identity also emphasising language. In contrast, children in Yunnan raised the importance of environment and safety initially, although these issues were subsequently raised by children in Xinjiang in their later discussions. It seems that the question of safety in traffic was an issue that was especially pertinent to the Yunnan children who had just come from rural areas to the city, while in Xinjiang this issue was at first taken for granted but later identified as a problem for children.

These two projects demonstrate and indicate the importance of understanding the local context and differences in children's lives through their consultation and participation.

CONCLUSION

Through these projects we can see how the phenomenon of drug-use, addiction and its consequent effect on families and children encapsulate a range of children's concerns, and how children analyse these into different strands of the multifaceted nature of impact: children showing an awareness of their lives which often seems beyond the cognisance of adults. They also show the importance of feelings and emotional life in addition to material conditions. These two projects of children's participation and research highlight children's capacities, and the complexities and sophistication of their views and ideas. The projects emphasise the importance of seeking children's views when developing any planning, policy, implementation or project that affects their lives. Also emphasised is the importance of having local understanding of circumstances and hence the participation of those involved, when making and implementing strategies of work.

But this emphasis on children's capacity and participation should not ignore what they are saying. They have identified a number of issues and difficulties for children, and defined circumstances of children in difficulties. They identified potential problems in the family beyond HIV/AIDS and drug use, which might be the starting (and finishing) point for many adult outsiders. They identified problems at school. They highlighted the importance of self-esteem and respect, and friendships. But overall they describe how drug use and HIV/AIDS has an affect on their lives in creating new problems and making existing problems (for example, family tensions) worse. Other issues, such as unemployment and the self-esteem of adults also seem to play a part, for example in conditions of poverty and in drug use.

These processes demonstrated the complexity of meaning and children's understanding of what creates vulnerability. This is important because a much used term - 'OVC' or 'orphans and vulnerable children' - is mostly used in practice to refer only to children orphaned and affected by HIV/AIDS. Although the term aims to be broader than that, the practice does not make it clear that children's vulnerability must be seen in context, and there are other ways in which they are vulnerable through not having care of parents.

A core thread running through these notions of difficulty is the importance of children's emotional or psychological state and integrity. The nature of

relationships with important figures, which children identify in these workshops as family, friends and teachers will play a major role in children's emotional state. It would seem that the major problem with HIV/AIDS is the effect it has in exacerbating already existing tensions and difficulties, providing further means of family break up, and excuses for bullying by other children and adults through a means of applying discrimination and stigma.

Moving forward in these areas should include responding to children's ideas and issues and not just their material conditions but their emotional lives, self-esteem and resilience. An important issue is stigma and discrimination in providing an appropriate environment, but then also participation and access to education, no violence and bullying from adults or peers, in order to promote children's development and resilience. The crucial importance of family is highlighted throughout, and the place of community-based care for children orphaned by HIV/AIDS appears to be a basic assumption of children. They know where they want to stay and be cared for, the question is facilitating support and protection to enable their development.

RECOMMENDATIONS

In addition to the children's recommendations, the Chinese reports also included recommendations from the research team. These are not laid out in full here, and differed in specific content for Xinjiang and Yunnan. They included (not in any order of priority):

- The development of community-based children's centres to provide training, education (formal and non-formal) and to promote participation, inclusion and psychosocial support.
- Strengthening cooperation and integrated work between government departments and other agencies.
- Mobilisation of care from relatives for children and development of fostering.
- Promotion and development of child-friendly schools
- Promotion of access to education.
- Development of community-based health and hygiene programmes.

NOTES AND REFERENCES

1. In this report, children are those aged under 18. Children affected by HIV/AIDS include: children who lost one or both parents due to AIDS; children living with HIV infected parents or sisters; and children with no family member being infected with HIV but living in communities heavily affected by HIV/AIDS.
2. The research programme was coordinated by the South-East Asia, East Asia, and Pacific Region Office of Save the Children UK
3. Eastern Europe and Central Asia ranked second. In this region the number of PLWHA increased from 1 million in 2002 to 1.4 million in 2004, with a growth rate of 40%. In South Asia and Southeast Asia: number of HIV infected persons increased from 6.4 million in 2002 to 7.1 million in 2004.
4. These data come from UNAIDS and WHO *AIDS epidemic update December 2004*.
5. See *Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China* (2004), State Council AIDS Working Committee Office and UN Theme Group on HIV/AIDS in China, Nov. 2004. Jin Wei, 'AIDS Iceberg and 'Titanic' of the Century', *Xinhua Digest*, 10th Issue in 2002. As pointed out by Deputy Director Hao Yang of the Department of Disease Control of MOH, the spread of HIV has increased in speed in China since the first case was reported in 1985. The epidemic as a whole is in low prevalence across the country, but the growing trend of high prevalence has occurred among specific populations in some areas. HIV is spread from high risk populations to the general population. Therefore, it is very urgent to strengthen HIV/AIDS prevention and control. For details, see Beijing News (Oct. 15, 2005) <http://www.thebeijingnews.com/news/2005/10/15/10@004520.html>
6. See *A Concentrated HIV/AIDS Epidemic with Increasing Cases*, MoH, "http://news.xinhuanet.com/politics/2005-11/07/content_3745272.htm. See also "HIV/AIDS", Total Number of Issues: 29, Nov. 12, 2005, National Centers for AIDS/STD Control and Prevention.
7. See *A Concentrated HIV/AIDS Epidemic with Increasing Cases*, MoH, "http://news.xinhuanet.com/politics/2005-11/07/content_3745272.htm. See also "HIV/AIDS", Total Number of Issues: 29, Nov. 12, 2005, National Centre for AIDS/STD Control and Prevention.
8. See UNAIDS and WHO *AIDS epidemic update December 2004*, published in November 2004.
9. HIV may be transmitted to the infant during pregnancy, at the time of delivery and through breast feeding. Children infected with HIV often have an early onset of symptoms. Most infected children are asymptomatic for two years and have a life less than 11 years.
10. See http://www2.chinadaily.com.cn/english/doc/2005-07/21/content_462203.htm
11. This survey derived from a joint research project into kinship care in China by Save the Children, Beijing Normal University and the University of New South Wales under an Australian Research Council Linkage project.
12. See <http://www.thebeijingnews.com/news/2005/1019/12@012709.html>
13. According to a survey with 143 PLWHA in China, 16.8% PLWHA have children under the age of 5, which means these children would become orphaned before they grow into adults. An insider disclosed that in a village in Central China, there were already over 10 orphans. Another senior insider found in a survey in 2002 that a village in north-western China already had more than 20 AIDS orphans. See http://news.xinhuanet.com/newscenter/2002-11/30/content_645168.htm
14. (see West and Zhang 2005 and Save the Children 2005).
15. See: Statistics of Xinjiang in 2005, China.org.cn: <http://www.china.org.cn/chinese/zhuanti/05xj/969139.htm>

16. See: Report of Drug Prohibition Division, Public Security Bureau, Xinjiang at the meeting to share experience on "China-Australia Xinjiang HIV/AIDS Prevention and Care Project"
17. See the Human Rights Research Centre, Institute of Law, Beijing University, <http://www.hrol.org/news/info.php?id=606> China HIV Testing website: <http://www.aids120.com/00/0xinwen/guonei/20041227175308.htm>
See also: http://news.xinhuanet.com/newscenter/2005-06/03/content_3039903.htm: PLWHA in Xinjiang mainly concentrate in Urumqi and Yining; most of them were infected through injecting drug use. <http://www.china.org.cn/chinese/zhuanti/fab/718157.htm>: In certain areas of Xinjiang, Yunnan and Sichuan, HIV infection rate among drug users surpassed 50%.
18. See: Report of Drug Prohibition Division, Public Security Bureau, Xinjiang at the meeting to share experience on "China-Australia Xinjiang HIV/AIDS Prevention and Care Project"
19. Yinning City is the capital city of Yili Kazakh Prefecture, and the largest open city along the border line in West China. There are people of 34 nationalities in the city, including Uyghur, Han, Kazakh, Hui, Mongolian, Xibo, Uzbek and Russian.
20. See: China AIDS Intervention Centre: http://aids.chinahiv.org/news_0/4187.html. The AIDS division of the Health & Epidemic Prevention Station in Yili Prefecture indicated that currently (2004) HIV/AIDS prevalence in Yili Prefecture has five major features: 1) Certain areas are heavily affected by HIV/AIDS. In the past 8 years, Yining City reported 3,135 cases of HIV infections, accounting for 80.4% of the cases reported across the Yili Prefecture. In recent years, HIV prevalence grew fast in Huocheng County and Yining County, with accumulatively 608 cases reported, accounting for 15.6% of cases in Yili Prefecture. Currently the epidemic is spreading to the counties of Nileke and Gongliu. 2) HIV/AIDS prevalence among drug users is not yet under effective control, which is spreading to promiscuous people and the general population. Cases of MTCT are increasing year on year. By the end of 2003, 35 cases of HIV infections in pregnant women had been reported in Yining City. 3) Since 2001, large number of patients progressed to AIDS and died. 4) Risks of HIV/AIDS prevalence exist extensively, and the potential risk of expanded HIV prevalence is alarming. The rate of syringe sharing among drug users in Yining City reached up to 80%. STI incidence increases year on year; from 1997 to 2003, average annual growth rate in Yili Prefecture was 24.6%. 5) The majority of PLWHA are youths and adults; young male adults aged 20-40 account for over 85%.
21. See 2005 Report of Yili Kazak Prefecture CDC.
22. Refer to reference material provided by Haitian Subdistrict Women's Federation: 'Profile of Haitian Subdistrict'.
23. See: Tianshan Net: <http://www.tianshannet.com.cn/GB/channel3/99/200508/31/181564.html>
24. See: Yining City Government website: <http://www.ynszf.gov.cn/2005/5-31/1864-2.htm>
25. See 2005 Report of Yili Kazak Prefecture CDC
26. "Number of HIV infected persons exceeding 80,000, and Yunnan starting the battle against AIDS"
Refer to <http://gb.chinabroadcast.cn/3821/2004/12/01/146@378058.htm>
27. See Dehong Window for details about Yingjiang County, <http://www.dh.gov.cn/pubnews/doc/read/1049665223314104589/104974023.126693936/index.asp>.
28. Data source: Narration of a certain official at civil administration in Dehong Prefecture in 2004, who was in Xinfu Village, Nongzhang Town, Yingjiang. See Chen Qiang, "Survey Report on Rural Orphans in Yingjiang, Yunnan", unpublished.
29. Residents in Haitian Street are of 19 nationalities, including Uyghur, Han, Kazakh, Hui; Uyghurs account for 78.7%. Children participants from Chahua Village mainly came from a 'natural' village within the administrative village boundaries.

The villagers are of different nationalities, including Uyghur, Han, Hui, Uzbek and Tatar; Uyghurs account for over 80%.

30. This survey explored the underlying reasons for drug use to a little extent. In discussions some children tried to give an answer to this problem: that a drug user (he) may be curious about drug and try a little dose; all your peers take drugs and you are influenced. One child interviewed a man who has lost his son and wife due to drug abuse. "How old was your son before death?" "Just three months old." "Why did your wife die?" "My wife was shocked by the death of my son and she became frail and I could not afford a doctor, she died." "And from then on?" "I lost my son and wife and I was in despair, and I was addicted to drugs unknowingly, I can not find way restore normal life, and drugs devastate me." "You mean it is your personal tragedy that forces you to be addicted to drugs?" "Yeah." "Do you regret?" "I do not want to say anything more, I regret to do that and I do not want to touch the scar."

31. Using support from the United Nation's Children's Fund, Yunnan Women's and Children's Development Centre launched the Community-Based AIDS Orphan Foster Care Project in Yingjiang County of Yunnan Province in 2003. Currently, 123 children are provided with basic living expenses, medical care expenses and schooling fees. Although the project achieved good results after two-year implementation, developed good practices and gained experiences in providing comprehensive care for AIDS orphans through foster families, grassroots women cadres and project staff, it is reported that AIDS orphans would face difficulties again in living, education and medical care after the funding ends if alternative sustainable funding sources are unavailable. See "Social Welfare", the 10th Issue in 2005, Administrative Staff College, MoCA.

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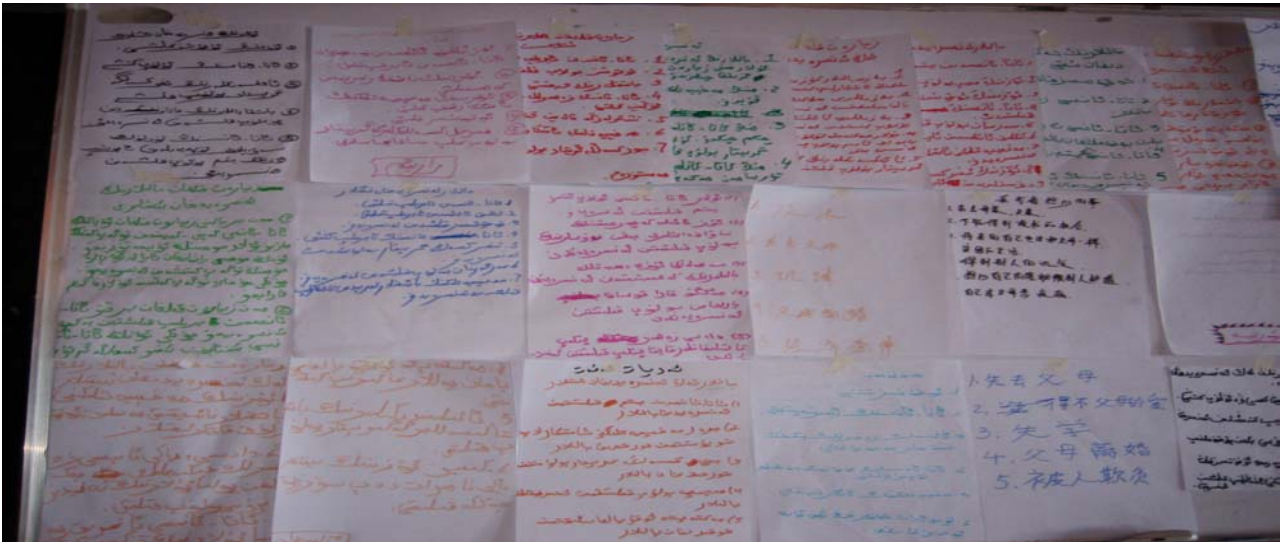
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www.savethechildren.net (International Save the Children Alliance)



Listen, secrets

Listen, secrets is a report on children's research in China that are heavily affected by HIV/AIDS, in Xinjiang in north-west China and Yunnan south-east China. High HIV-prevalence in both areas stems from intravenous drug use, and their proximity to drug production areas across the borders. These circumstances have tended to result in a focus on issues related to adults, with less attention paid to children – hence the need for this research to understand children's views and situation.

Children identify potential problems in the family beyond HIV/AIDS and drug use. They show the importance of feelings and emotional life. They identify problems at school. They highlight the importance of self-esteem and respect, and friendships. But overall they describe how drug use and HIV/AIDS has an affect on their lives, creating new problems and making existing problems worse.

This research highlights children's capacities, and the complexities and sophistication of their views and ideas. It emphasises the importance of seeking children's views when planning and implementing any project that affects their lives. And it emphasises is the importance of having local understanding of circumstances and hence the participation of those involved, when making and implementing strategies of work.

