Assessment of HIV/AIDS vulnerability, responses and STI/HIV prevention, care and support needs of institutionalized children aged 14 to 19 in selected labour and social education institutions and reform schools in Vietnam

Final report

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List of abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ART	Anti-Retroviral Treatment
ARV	Anti-Retroviral (treatment or medicine)
FGD	Focus Group Discussion
DC	Detention Center
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Use(r)
MOLISA	Ministry of Labor, Invalids and Social Affairs
MPS	Ministry of Public Security
NGO	Non-Governmental Organization
PLWA	Person living with HIV/AIDS
RS	Reform(atory) school
UN	United Nations
UNICEF	United Nations Children's Fund
SITAN	Situational Analysis
VCT	Voluntary Counseling and Testing

Chapter 1

Background and introduction

Institutionalized children and adolescents in Vietnam

According to MOLISA and UNICEF (2003)[(1)], over 14,575 Vietnamese children (11.5% of the total child population without parental care) are currently residing in several types of Government institutions. Institutionalized children are from a wide range of backgrounds – they can be street children, children in conflict with the law, children and adolescents who use or have been using drugs, children and adolescents who have been involved in sex work, have been trafficked or who have been orphaned or abandoned.

The number of children affected by HIV/AIDS is also growing rapidly, which is in itself leading to a further increase in the number of institutionalized children in Vietnam. It is estimated that there are 283,697 children affected by HIV/AIDS. This includes 18,303 HIV-positive children, 263,394 children living with HIV-positive parents, and 20,000 HIV/AIDS orphans.[1] According to the Ministry of Public Security, there are 13,800 'children in conflict with the law' – not all of these reside in institutions, though.

The Vietnamese Government runs the following types of institutions, each of which hold varying numbers of children and adolescents:

- '01 centers' – these are centers where orphaned and abandoned children reside. Children generally go to schools in the community surrounding the center.
- '05 centers' – these are centers where mainly women and adolescents who have been arrested for involvement in sex work are held; many of them also use(d) drugs. Some children there are children of sex workers and have themselves not been involved in sex work.
- '06 centers' – these are centers where people involved in drug-related criminal offences are held. Some children there are children of drug users and have themselves not been involved in drug use.
- Reformatory schools – these are 'closed' schools where juvenile offenders are sent to by the administrative or criminal systems. There are four of these schools in Vietnam, each with between 600 and 1100 pupils. Between 1995-2005, over 14,000 juvenile offenders were sentenced to the reform schools.
- Detention centers – these are centers where adult criminals are held, often waiting for trial. However, there are some adolescents staying in these centers, mixing with adult criminals.

[1] The Situation of Families and Children Affected by HIV/AIDS in Viet Nam – A National Overview, UNICEF – 2003.

The first three types of institutions are under the responsibility of the Ministry of Labor, Invalids and Social Affairs (MOLISA), whereas the latter two are under the Ministry of Public Security (MPS).

As a result of the growth of the problem of drug abuse in Vietnam, many adolescents end up in '06' centers to rehabilitate drug users. By law, these centers are in fact meant for adult offenders only, but adolescent drug users have been placed there. Of the country's 122,000 registered drug addicts and estimated 55,000 sex workers (16,000 of whom are documented), some ten to twelve per cent are estimated to be children. According to MOLISA, there are 5,563 young drug addicts and 8,500 children living with HIV/AIDS (MOLISA, Yearly Social Protection Report, 2004).

The social evil approach: implications and legacy for social service provision

Sex work and drug use have been labeled as "social evils" and people engaging in social evils have been painted as anti-social; institutionalization as a punishment to 'correct' or 're-educate' these people. The resulting stigmatization of sex workers and drug users has made it difficult to assist them in improving their health and social situation, because many avoid contact with authorities, fearful of being placed in re-education or treatment centers.

The social evil approach influences the views of social workers and rehabilitation centre staff, and the methods they use to 'treat' people in institutions. Children interviewed in one UNICEF study[2] reported isolation, denial of visits by relatives and the locking up of the institutionalized children for most of the day. The social evil approach also influences the thinking of the general public; children in sex work or involved in drug use are regarded as criminals who deserve punishment, rather than as people with social problems that may be caused by poverty, a broken family or other issues basically beyond individual control. Stigmatization, lack of staff with appropriate education, and prejudice against child prostitutes and drug users, strengthened by ideas promoted by the social evil approach are major obstacles to the provision of effective services to these groups.

Fortunately the Government seems to be reviewing its focus on how to deal with 'social evils' recently, experimenting with more humane approaches – however, the legacy of the campaign in shaping stigmatizing views about vulnerable people among social workers and the general public will probably last for decades to come.

Children in conflict with the law

According to the SITAN report (UNICEF and MOLISA 2005), compared to the number of children in conflict with the law criminally sentenced, the number

[2] See UNICEF Report – Alternative Care Situational Analysis, 2004

sentenced with administrative sentences is four times higher.[3] This means that the majority of the children in this category (75%) are dealt with by the administrative system, which applies administrative measures ranging from community based education and warning to placement in reform schools. In addition, the majority of crimes committed by juveniles are petty crimes such as theft, snatching and robbery not involving violence. Although serious crimes including rape and drug related crimes committed by juveniles are not high in comparison to petty crimes, figures are increasing.[4]

Government policies for children in conflict with the law are based on alternatives to detention: the use of detention and imprisonment is a measure of last resort, particularly for first time offenders and non-serious crimes. Although both administrative and criminal justice systems generally use community-based education (except for serious crimes; repeat offences and street children in conflict with the law); reports show that they also increasingly send those children to reform schools.[5]

A recent report on alternative care in 01 centers in Viet Nam produced a number of significant findings:[6]

- Only a minority of institutions adhere to one of the CRC principles, namely 'making periodical reviews of the placement of a child in an institution'. Where such assessments are performed, the focus of the evaluation is often on material conditions and the study of the situation of the child rather than the possibilities of their being transferred into non-institutional care.
- Children stay for long periods of time in institutional care programs. Many enter centers as babies and remain there until they reach legal maturity at 18 and in more than 50 per cent of the centers children stay between five and ten years.
- In the majority of cases, caregivers decide the direction of education, vocational training or future occupational careers of the children. Although children are consulted, options offered by the centers are often limited.
- Children attend public schools outside the centers. Due to existing legislation, except for children over 15 years of age, there are no obligatory vocational training programs for children at the centers. However, many of the vocational training programs that are offered at the centers do not really assist in developing their skills for improved employment opportunities.
- Nearly all centers focus almost exclusively on the children's education; other aspects of the child's holistic development are largely neglected.

3 Juvenile Justice Situational Analysis, 2005, UNICEF; Institute of Law Research; MOJ; pg 24. Training Manual on Juvenile Justice, 2005, CPFC; UNICEF, chapter 4, which quoted the Ministry of Public Security 2004 figures.

4 Juvenile Justice Situational Analysis, 2005, UNICEF; Institute of Law Research; MOJ; Pg 45

5 See Juvenile Justice Situational Analysis, 2005, UNICEF; Institute of Law Research; MOJ

6 UNICEF, The Situation of Alternative and Institutional Care in Viet Nam (2004), Viet Nam

- Nearly 95 per cent of centers have access to personnel who have gained a college or university education, but actual subject areas studied were not necessarily relevant to the care of children.
- Existing forms of non-residential care are: 1) kinship care; 2) adoption; 3) guardianship; and 4) informal foster care. No public system of regulation for foster care (with or without financial support for the foster parents) exists in Viet Nam today.

Exploring the links between institutionalization and HIV vulnerability

It is generally accepted that children in institutions, being cut off from their families and parental protection, from their community and friends, are more vulnerable to be exposed to HIV related risk behaviors – either in the institutions themselves or after they are released. Services in institutions tend to be limited; and even if they are offered, not everyone may be able to have access to them. Health services in institutions are not always the most appropriate ones; and in the event children or adolescents are diagnosed with HIV/AIDS, their likelihood to receive treatment is limited. Often the children/juveniles are not informed about their HIV status. It is for these reasons that UNICEF and other civil society organizations are promoting community-based solutions for children and adolescents that are vulnerable to HIV/AIDS.

MOLISA is interested, in the longer term, to reduce the number of institutionalized children, and find community-based solutions – at least for some types of children. In the short run, however, it appears the number of institutionalized children is still on the rise, and at least for the medium-term it is unlikely that institutionalization as a remedy for ‘social evils’ or other problems in the community will be changed.

Therefore, this assessment aims to map the vulnerability of children in institutions, with the aim to design practical, rapid solutions to reduce their vulnerability. It is expected that the results of the study will be used to design new strategies and policies to reduce the vulnerability of institutionalized children in Vietnam for use by MOLISA and MPS, in anticipation of a longer-term solutions that will decrease the relative importance of institutionalization as a strategy to deal with problematic children, in favor of community-based strategies.

Chapter 2

Research questions and methodology

This study has collected data in and on 9 institutions where children and adolescents live, both at the institutional as well as on the individual/group level. The study was conducted in four types of centers listed above: 01 centers, 05 centers, 06 centers and Reformatory Schools (no permission was granted for research in a fifth type, the detention centers); 2 institutions from a total of five different provinces have been covered in the survey for each type, for a total of 8 centers. Additional quantitative data was collected in 1 additional 01 center in order to increase the number of respondents in that type of center.

A limitation of the study is that the centers included in the study were not randomly selected. Participation in the study within each center, however, was determined randomly. It must therefore be noted that the study is not representative for all young people in institutions; it aimed to point out issues of vulnerability of these children 'qualitatively', and this could inform a larger scale follow-up study in future, if this is deemed necessary. The author does not expect that new factors related to HIV risk would be found in a larger-scale study, and is confident that the current effort should suffice in designing improved HIV prevention, treatment, care and support programs across institutions in Vietnam.

Considering the fact that young people tend to be highly vulnerable to HIV in late adolescence – especially when they are not under close parental or family supervision – the target population for this study were older adolescents, aged 14 and over, but younger than 20 (age range: 14-19 y/o).

It is important to realize that our age range is the same across institutions; therefore the findings are relevant only for the age range of 14-19, *not for the entire population in each of the different institution types* – which may be different.

Table 1: Centers involved in the study, by type

Province	01*	05*	06*	RS*	DC*
Hanoi		x	X		
Ho Chi Minh	X	X	x		
Hai Phong	X				
Dong Nai				X	
Long An				X	
Total	2	2	2	2	0

*) 01 = orphanage, 05 = rehabilitation of sex workers, 06 = rehabilitation of drug users, RS = Reformatory School, DC = Detention Center

**) This reformatory school is not in HCMC itself, but not far from HCMC

The research has produced a total of 8 case studies of 4 different types of institutions, and collected quantitative data in all these centers plus one additional center where no qualitative data was collected.

The data were collected by two teams of four Vietnamese researchers who received training in advance of data collection. Data collection was supervised by the author of this report and by UNICEF/MOLISA staff. The author also assisted in analysis of the data as well as in report writing.

Research objective

The first objective of the research was to inform MOLISA, MPS and UNICEF on how to most effectively respond to reduce the HIV vulnerability and risk of children and young people in institutions.

A secondary research objective was to assess how the HIV vulnerability between the different centers differs.

Broad research questions

1. What is the HIV risk and vulnerability of children and adolescents in selected Vietnamese institutions (also compared to their peers outside institutions)?

   Sub-questions[7]:
   - Are children aware of HIV/AIDS and of their personal vulnerability to it?
   - Do children / adolescents view HIV/AIDS as an important issue / problem if compared to other problems in their lives?
   - Are children and adolescents in institutions involved in drug use (including alcohol and tobacco)?
   - Are children and adolescents in institutions involved in sexual relations (both heterosexual and homosexual)?
   - Does sexual harassment and rape occur?
   - Were children and adolescents also vulnerable / at risk of HIV before they came to the institution (vulnerability should be taken broadly, including poverty, lack of education, lack of parental / family support, etc)

[7] Showing the need for better training and awareness at the highest level, several people at the Research Findings dissemination workshop on 2 February 2007 wondered why other risks for HIV, like nail clipping, sharing toothbrushes and sleeping in bed with someone with scabies who might be HIV positive, were not included. The reason is that the risk of HIV transmission in these activities, according to WHO and UNAIDS guidelines, is zero or close to zero. Tattooing might entail some risk, but this practice occurred mainly outside the institutions, before children got there; however, the risk of unsafe tattooing should be part of prevention messages, preparing children for when they leave the center.

A previously conducted literature review and international experience have indicated that institutionalized children and adolescents may be more vulnerable to HIV than children and adolescents in the community, which is an argument against institutionalization. However, the situation in Vietnam is unknown. In order to answer this question, in-depth interviews with children and staff will be held, as well as group discussions (PLA); from a structural perspective, an institution check-list will be filled out by the researchers together with institution staff.

2. What prevention and care programs / initiatives are already in place to reduce HIV vulnerability for children and adolescents in institutions?

Sub-questions:

- Do children have access to information about HIV/AIDS and reproductive health in the institution? If so, what kind of information and through which channel(s)?
- Is HIV/AIDS integrated in any formal education program(s)?
- Are condoms available in the institution?
- Is counseling and referral to VCT and health services available?
- Which organizations (Government, NGO, UN) are working on HIV/AIDS with institutionalized children in the 10 institutions selected?

Explanation: To explain the vulnerability of children in institutions as well as in order to advise MOLISA, MPS and UNICEF on possible ways to respond to HIV/AIDS vulnerability and risk among institutionalized children, it is necessary to look at what is already going on. In order to answer this question, in-depth interviews with staff will be most important, as well as in-depth interviews with children and the institutional checklist mentioned above.

3. How, and by whom, can the risk and vulnerability of institutionalized children and adolescents be (further) reduced during their time in the Institutions as well as after they leave?

Sub-questions:

- How can prevention for young people in institutions be improved?
- Should activities / programs be age / gender specific, and how can this be organized?
- How can counseling and care services be improved?
- How can access to treatment for HIV positive children and adolescents be arranged in institutions without leading to stigma / loss of confidentiality?

Explanation: This question will be based on the answers on questions 1) and 2) as well as on specific suggestions to improve the situation obtained from institution staff as well as children and adolescents in institutions. Questions about this will be included in the in-depth and group interview activities for both staff and children.

Methodology

The research was conducted by a team of Vietnamese researchers, with technical support from a foreign international consultant. Initially, UNICEF preferred to conduct a research using a peer-based methodology, but it was considered too complicated in the restrictive setting of institutions – besides that, it was considered too time consuming and too expensive.

The researchers were selected on the basis of their academic qualifications in social science or social work, and based on their affinity and experience in conducting research on or related to children and adolescents.

The research used the following methodologies for data collection:

1. A checklist to assess the compliance of the 8 Institutions involved in 5 provinces with international standards for operating institutions as well as human rights standards - with a specific focus on HIV risk and vulnerability. The checklist has over 50 questions and has been filled out by a team of researchers and staff members of the institution – as a group activity;
2. A questionnaire with open questions for in-depth interviews with children in institutions. Each interview took between 60 and 90 minutes to complete. No tape recordings have been made, but a data recording form was used to take notes during the interview. Researchers worked in pairs – one as the interviewer and one as the note taker. 10 randomly selected children and adolescents in each institution (age: 14-19, with equal gender balance) were asked to participate in a semi-structured in-depth interview, for a total of 10 * 8 = 80 interviews. The children were randomly selected from a list of children residing there. The interviews took place in a private space, without institution staff present;
3. A questionnaire with open questions for in-depth interviews with different types of staff working in institutions. These included 1 management / supervision staff, 1 teacher/care taker, 1 psychosocial worker or counselor (if applicable), and 1 medical staff. Semi-structured interview were held with a total of 32 staff. The selection of these staff (if there was more than one of a particular type) was done randomly. The interview took place in a private space, without supervisors present. Each interview took between 60 and 120 minutes to complete. No tape recordings were made, but a data recording form was used to take notes during the interview. Again, researchers worked in pairs – one as the interviewer and one as the note taker;
4. Group discussion to describe life in the institution, and gender-segregated group discussions about perceived vulnerability in the institution. Participants in these activities were also selected randomly. The activity was facilitated by one researcher, with one other researcher present to take observe and to take notes. The group activity took place in a private space, without

institution staff present. Two group discussions were held per institution, and the average duration was 45 to 90 minutes.

5. A structured questionnaire to measure HIV knowledge and attitudes among the children, derived from the SITAN survey questionnaire, was used across a total of nine institutions. This questionnaire was filled out by 40 children[8] in each institution, randomly selected, or all children in the age range 14-19 if the total was lower than 40. Analysis in SPSS was conducted to describe and identify trends and correlating factors.

The data collected under 1- 4 were translated for initial analysis by the international consultant.

Sampling

The centers have been selected by UNICEF and MOLISA staff – not based on principles of randomization. The main selection criterium has been the likelihood of finding a sufficient number of 14-19 year olds in each particular center, in order to achieve our sample size of 40 per institution.

Within each institution, sampling was conducted randomly based on a list of children and adolescents living there. An important assumption made is that lists of residents in the centers are accurate. Some of the lists needed to be adjusted to cover the 14-19 age range only. The researchers then randomly selected names of eligible study participants from the newly developed list.

The research aimed to achieve a balance between the numbers of boys and girls involved in the study, except in centers where there was a large difference in numbers of boys and girls staying there (i.e. the reformatory schools and detention centers).

Analysis

The quantitative data collected by questionnaire were put in an EXCEL file, and analyzed using STATA 9.0. Qualitative data were recorded on a data recording sheet (no recordings were used, in order to protect the confidentiality of the research subjects as well as to save costs), which were then translated from Vietnamese into English, and analyzed by the author of this report.

Ethical considerations

All research was conducted in accordance with three basic ethical principles, namely:

[8] The number of 40 children was determined to ensure most institutions involved in the study would have a sufficiently large sample size.

1. Beneficence, which requires that good should result, harm should be avoided or that benefits should justify the expected risk or harm of participation in the study;
2. Respect for rights, including the free choice of the subject and protection of those of diminished autonomy. In our study, one could say that this was doubly important, since many of the research subjects are children and they are also institutionalized, which may compromise the extent to which they can exert their 'free will';
3. Justice, which requires an equal distribution of burden and benefits.

Informed Consent of participants in the research

The researchers in this study obtained the informed consent of the children and adolescents to be interviewed. Before requesting an individual's consent to participate in the research, the researcher provided each individual with the following information:

- It was explained that each individual was invited to participate as a subject in research, and the aims and methods of the research were explained;
- The expected duration of the interview or group activity;
- The benefits that might reasonably be expected to result to the subject or to others as an outcome of the research;
- Any foreseeable risks or discomfort to the subject, associated with participation in the research;
- The extent to which confidentiality of records in which the subject is identified will be maintained;
- That the individual is free to refuse to participate and will be free to withdraw from the research at any time without penalty or loss of benefits to which he or she would otherwise be entitled.

Only one child and no staff refused participation in the study.

The researchers fulfilled their duty to:
- Communicate to the prospective interviewee all the information necessary for adequately informed consent;
- Give the prospective subject full opportunity and encouragement to ask questions before the interview starts, or after it has ended;
- Exclude the possibility of unjustified deception, undue influence and intimidation;
- Seek consent only after the prospective subject has adequate knowledge of the relevant facts and of the consequences of participation, and has had sufficient opportunity to consider whether to participate;
- Always obtain from each prospective subject a signed form as evidence of informed consent; and
- Renew the informed consent of each subject if there are material changes in the conditions or procedures of the research.

The Informed Consent form used for the study has been attached in Annex 1.

Confidentiality

The researchers made arrangement for protecting the confidentiality of data relating to individuals or groups, which if disclosed to third parties, may cause harm or distress. This was done by, for example, omitting information that might lead to the identification of individual subjects.

Limitations

- Some data collectors were less experienced than others; often, probing and 'deep asking' were not done well during the research.
- Meaning of the qualitative interviews has been lost due to the fact that no recording devices were used; unconsciously, note takers may have filtered the information, making decisions about what to write down and what not.
- Further information may have been lost during the translation.
- The analysis of the qualitative data could have been done by two different people, and then compared, in order to reduce bias.
- There could be a 'cultural gap' in analysis and understanding, due to the fact that the data collectors were Vietnamese and the author of this report, who also analyzed the data, was a European.
- The author of this report was not able to visit the Reformatory Schools that were part of the study (the other center types were visited).
- More analysis could be conducted on the quantitative data as well; there was limited time for analysis as part of this project.

Chapter 3

Findings over the whole population of children in all centers

In this chapter, we are looking at children in institutions as a single group, and assess some of their characteristics, attitudes and knowledge related to HIV/AIDS, gender and sexuality. We will divide children in groups per different institution in a later chapter.

Table 3.1: Mean age, N and # of boys and girls per center type

Center:	Mean age:	% boys:	N:
01 centers:	15.5	77.5	80
05 centers:	18.1	5.0	80
06 centers:	17.4	87.0	77
Reformatory schools:	17.0	83.8	80
TOTAL	17.0	63.1	317

324 children across 9 centers were tested on their knowledge and attitudes about HIV/AIDS. 7 children who reported to be under 14 or above 19 years old were excluded from the analysis below. The average age was 17.00 years old; the median age was the same. Note that children were randomly sampled from a list containing those children aged 14-19 years old provided by the centers involved in the study. From this sampling exercise, it was found that the average age of children sampled from 01 centers (orphanages) was lowest, while the age of children sampled in 05 and 06 centers was highest – this is conform our expectation, as the average age and the age distribution of children in each center type is very different.

It is also clear that apart from the 05 centers, which are mainly dealing with female sex workers, large majorities of the sample were boys. Out of 317 children, 200 were boys and 117 were girls. The girls were on average older than the boys (17.5 versus 16.7 years old); 57% of the girls were in the 18-19 year age group (n=117), versus 37% of boys (n=200).

Only 8 out of 317 children were of non-Kinh ethnicity – for that reason, ethnicity could not be studied as a possible factor of HIV vulnerability.

The average number of years of education the children had was 5.7 years; 26.5% had 3 years of education or less and 11.4% had had 10 years of education or more. Despite being on average 0.8 years younger, boys had on average 0.3 years more education than girls; this difference widens with age, as can be seen in the table below:

Table 3.2: Average years of education by gender and age group (N=317)

Gender / Age	14-15 years old	16-17 years old	18-19 years old
Male	4.4 years	5.4 years	7.1 years
Female	4.1 years	5.1 years	6.0 years
Difference (male to female)	0.3 years	0.3 years	1.1 years

The average number of years the children had spent in the center was 1.6 – with a range of 0-18 years. There was no difference in time spent in the center between boys and girls.

Religion

The group was largely unreligious; the main religion was Buddhism, as table 3.3 below shows:

Religion:	% of sample:
No religion	56.5
Buddhist	34.7
Catholic	7.9
Other	1.0

Reasons for institutionalization

Not surprisingly, the reasons for institutionalization vary across the centers, as can be seen from the table below. The most common reasons are marked in yellow, showing differences and overlap between the different centers.

Surprising is the high number of young people in 05 centers that mentioned ‘drug abuse’ as their reason for being there – it could be that these young people were involved in sex work to finance their drug using habit; they report their drug use because they may perceive the stigma attached to sex work may be stronger than that attached to drug use. For the same reasons, young people may prefer to refer to ‘problems with the law’ rather than detailing the kind of problems they had (i.e. prostitution, drug use or living on the street); this explains the rather high score for ‘violation of the law’ across all four center types.

Table 3.4: Self-reported reasons for being in an institution

Reason (% mentioning):	01 center	05 center	06 center	Ref. school	Total
N=	80	80	77	80	317
Drug abuse	1.3	33.8	85.7	2.5	30.3
Studying / treatment	5.0	10.0	0.0	2.5	4.4
Prostitution	0.0	28.8	0.0	0.0	7.3
Antisocial behavior	18.8	1.3	0.0	7.5	6.9
Violation of the law	33.8	23.8	14.3	87.5	40.1
Social problems / orphan	37.5	1.3	0.0	0.0	9.8
Living / begging on the streets	1.3	1.3	0.0	0.0	0.6
Other	2.5	0.0	0.0	0.0	0.6
Total	100.2	100.3	100.0	100.0	100.0

Sexual experience and behavior

Over half of the children reported to have sexual experience. Not surprisingly, this percentage grew according to age. Interestingly, there appears to be a big increase in sexual experience between the 15th and 16th year of age, and again between the age of 17 and 18.

Almost three quarters of young people in institutions has been sexually active before or at the age of 18; more than 40% has been sexually active by the age of 16.

Table 3.5: %age of children having sexual experience (by age)

Have you had sex?	14 y/o	15 y/o	16 y/o	17 y/o	18 y/o	19 y/o	Total
Yes	10.3	16.7	41.1	49.2	71.6	84.4	53.5
No	89.7	83.3	59.9	50.8	28.4	15.6	46.5
(N=)	29	30	56	61	74	64	317

However, there was a big difference in sexual experience between the genders: 38.9% of boys and 78.5% of girls in the total sample reported to have had sex. This is partly explained by differences in distribution between boys and girls across the different centers; only 8.8% of children in 01 centers (where 77% of the sample are boys) had sexual experience, rising to 46.2% of children in reformatory schools, 66.2% in 06 centers (for drug users) and 93.7% in 05 centers (for sex workers, where 95% are girls). Part of the difference is attributable to the younger age of children in 01 centers and RS compared to the 05 and 06 centers; children in the 01 centers are over 2.5 years younger than those in the 05 centers.

Homosexuality[9] was widely reported in the institutions. Overall, 17.4% of the children in the sample (20.5% of boys and 11.3% of girls) agreed with the statement that 'some boys I know have sex with other boys'. Qualitative research found that homosexuality between girls is also quite prevalent; however, while interesting from a sociological perspective, the HIV transmission risk for this sexual behavior is nil; as a result this was not included as a topic in the quantitative questionnaire.

Interestingly, the percentage of younger children and lower educated children agreeing with the statement about prevalence of male to male sex was much higher than older / better educated children. A second question dealing with attitudes towards homosexuality was included. Disapproving attitudes toward homosexuality were related to longer exposure to the education system[10]

Table 3.6: Homosexuality

Statement	% agree	% girls agree	% boys agree	% 14-15 y.o agree	% 16-17 y.o. agree	% 18-19 y.o agree	% 0-3 years of education agree	% 10-12 years of education agree
N=	316	116	200	59	117	139	84	36
Some boys that I know in the institution have sex with other boys	17.4	11.3	20.5	27.1	18.0	12.2	23.8	8.3
It's not normal if a man prefers to have sex with other men	60.1	61.2	59.5	59.3	59.0	61.4	46.4	75.0

Drug use and attitudes towards drug use

A question on drug use was included in the questionnaire:

Table 3.7: Have you ever used drugs?

Have you used drugs?	% of total	% of girls	% of youth with 0-3 years of education	% of youth with >3 years of education
N=	314	116		
Yes, but gave up	40.5	44.8	22.9	46.8
Yes, am using	3.8	1.7	2.4	4.3
No, never	55.7	53.5	74.7	48.9

[9] The focus of this question was on sex, not on socially-motivated physical contact between boys

[10] The scores on the question "It is not normal if a man prefers to have sex with other men" was recoded into an ordinal variable, ranking 'wavering / don't know' between 'agree' and 'disagree'; this makes comparison of average scores between groups possible. The average attitude for youth with 0-3 years of education was significantly less negative; 39.3% disagreed with the statement, versus 26.7% of the higher educated youth; 46.4% of less educated youth agreed with the statement, versus 65.1% of better educated youth (p=0.0064).

Interestingly, youth with a higher education appeared to have a higher rate of drug use than youth with a lower education; possibly this is related to different age groups. In the table below, this is studied in more detail.

Table 3.8: Drug use per age group, total sample

Have you used drugs?	14-15 year olds	16-17 year olds	18-19 year olds	Total
N=	59	117	138	314
Yes, but gave up	11.9	33.3	58.7	40.5
Yes, am using	1.7	5.1	3.6	3.8
No, never	86.4	61.5	37.7	55.7

From the table, it is clear that age is an important predicting factor for drug use in the overall sample.

Some attitude questions on drug use were also included in the questionnaire. Better educated youth were less likely to agree that using drugs is stylish or that sharing needles with others is a show of friendship; the differences between age groups were small. Girls were less negative about drug users but disagreed with the statement that drugs bring cheerful feelings that can cure all diseases; boys were significantly more negative about drug users but less negative about drugs themselves, as table 3.9 below shows:

Statement	% agree	% girls agree	0-3 years education agree	>3 years education agree	P-value education difference
N=	316	116	84	232	
Using drugs is stylish	13.3	10.3	23.8	9.5	0.0002
Sharing needles with others shows friendship	6.3	8.6	15.5	3.0	0.0001
Drugs bring cheerful feelings that can cure all diseases	22.9	16.4*	19.1	24.4	0.1874
Using new needles or separate needles can prevent HIV	65.1	64.7	67.9	64.1	0.7379
Drug users are bad people	37.5	20.0**	48.2	33.6	0.1028

* The difference between girls and boys is significant at p=0.0336; girls are less likely to agree to the cheerful effects of drugs than boys.

** The difference between girls and boys is significant at p=0.0001; girls are much less likely to hold negative views about drug users than boys.

Knowledge about HIV

Knowledge about HIV among the children was tested using a test tool. Some of the findings are presented in the tables 3.10, 3.11 and 3.12 below. The questions with overall correct scores of over 70% are shown in the table below. A t-test was conducted to measure whether the test score difference between more educated

and less educated children were significant; the resulting P-value are given in the rightmost column.

Question	% answer correctly (total sample)	% answering correctly (girls)	% answer correctly (0-3 years education)	% answer correctly (> 3 years education)	P-value of significance for difference (t-test)
N=	315	115	86	233	
A mother with HIV can transmit HIV to her baby	90.5	88.9	82.1	93.6	0.0021
A person can get HIV by shaking hands with an HIV+ person	88.9	89.7	78.0	92.7	0.0003
People can protect themselves from HIV by using a condom correctly every time they have sex	88.0	86.3	82.1	90.1	0.0536
A person can get HIV by having sexual intercourse without protection	87.0	85.5	77.4	90.5	0.0021
One only knows whether one is HIV positive by having a test	84.6	86.0	79.2	86.5	0.1188
A person can get HIV by sleeping in the same room with an infected person	84.2	82.9	72.3	88.4	0.0005
A person can get infected by sharing a needle with an infected person	82.3	84.6	60.7	90.1	0.0000
A person can get HIV by using the same bathroom of an HIV+ person	80.0	78.6	70.2	83.6	0.0084
Mosquitoes can transmit HIV	79.3	85.3	65.1	84.4	0.0002
A person who looks healthy can be infected with HIV	74.7	85.8	59.8	80.1	0.0003
HIV can be transmitted through saliva and sweat (FALSE)	70.9	73.3	58.3	75.4	0.0030

In the questions above it is clear that in general, children exposed to more than 3 years of education score significantly better on the HIV knowledge test than children with an education of 3 years or less. There are little differences between girls and the general sample on most questions, except for a big difference on the statement that a healthy looking person can be infected with HIV; girls were much more aware of that than boys (p=0.0006) – possibly due to exposure to prevention messages during their work as sex workers. Girls were also more aware than boys that mosquitoes can not transmit HIV (p=0.0431).

Questions where the overall sample scored less than 70% are included in table 3.11 below:

Question	% answer correctly (total)	% answering correctly (girls)	% answer correctly (0-3 year schooling)	% answer correctly (> 3 years schooling)	P-value of significance of difference (t-test)
N=	315	115	86	233	
A person can get HIV by getting injections with a clean, sterile needle	60.8	58.1	44.1	66.8	0.0002
People with HIV usually look thin and pale (FALSE)	21.5	37.6	14.3	24.1	0.0600

However, children with little education answered four questions better than better-educated children – two of which significantly so:

Table 3.12: Misconceptions among better-educated children

Question	% answer correctly (total sample)	% answering correctly (girls)	% answer correctly (0-3 years education)	% answer correctly (> 3 years education)	P-value of significance for difference (t-test)
People can protect themselves from getting infected with HIV by having one uninfected sex partner who also has no other partners	64.4	67.0	70.0	62.5	0.2283
People can protect themselves from getting infected with HIV by not having sexual intercourse with anyone	61.0	64.3	79.5	54.4	0.0000
If infected with HIV the skin usually feels dry and ulcerated	27.0	44.6	33.8	24.7	0.1159
A person can get HIV by sharing a toothbrush with an infected person	17.9	12.1	27.7	14.4	0.0064

The Vietnamese government officially endorses the view – not supported by scientific evidence – that sharing a toothbrush with a person with HIV can transmit the virus – as a result, the better educated children, having been more exposed to this misconception, score lower on this question than uneducated children.

A second misconception – that HIV infection is characterized by having a dry and / or ulcerated skin – also was stronger among educated than among less educated children, but this difference was not significant. For unclear reasons, girls scored very significantly better on this question than boys (p=0.0000).

Less-educated children scored better on the question whether abstinence is protective against HIV – perhaps better-educated children question whether abstinence in itself is a viable strategy for HIV prevention in the longer term.

Less-educated children scored slightly better on the question of monogamy as a viable HIV prevention strategy as well – but not significantly so.

Attitudes towards gender and sex

Children were also asked about issues related to gender and sexuality. The table below provides an overview. In the first table, statements where girls agree to a much greater extent than boys are presented – to see whether age or educational level are related to the difference, these are also included in the table.

Table 3.13: Gender statements to which girls agree more than boys

Statement:	% agree	% girls agree	% boys agree	% 14-15 y.o agree	% 16-17 y.o. agree	% 18-19 y.o agree	% 0-3 year edu agree	% 10-12 year edu agree
N=	316	116	200	59	117	140	84	36
Men need to have more than one sexual partner, that is part of their nature	69.4	73.5	67.0	57.6	69.2	74.5	70.2	50.0
Sex before marriage happens mainly because friends encourage (entice) me to have sex	44.0	52.6	39.0	37.3	42.7	47.8	36.9	50.0
Boys often pressure girls to have sex	33.4	45.2	26.6	34.5	25.6	39.6	31.0	33.3
A man feels proud if he has multiple sex partners	52.1	55.7	50.0	40.1	47.9	60.6	50.0	30.6

It is interesting to see that girls seem to agree more strongly than boys with the statement that men ‘need to have more than one sexual partner’ or ‘are proud to have multiple sex partners’; as can be seen from the other columns, older youths agree to these statements much stronger than younger children, which explains the difference between girls and boys for this score. Interestingly, educated youths are less likely to agree to these statements than less educated youths.

Girls also agree much more than boys with two statements about peer pressure to have sex; differences on the statement ‘boys often pressure girls to have sex’ are small between age groups and educational levels, but huge between gender groups.

In the below table, statements where boys agree more than girls are included:

Table 3.14: Gender statements to which boys agree more than girls

Statement:	% agree	% girls agree	% boys agree	% 14-15 y.o agree	% 16-17 y.o. agree	% 18-19 y.o agree	% 0-3 year edu agree	% 10-12 year edu agree
N=	316	116	200	59	117	140	84	36
Most of the youth in my room/school are having sex	15.9	11.3	18.5	11.9	19.8	14.3	22.0	13.9
A woman should be a virgin when she marries	51.8	40.2	58.6	63.2	59.8	40.4	62.2	38.9
I must have sex to keep my boyfriend or girlfriend	31.8	22.6	37.0	30.5	35.0	29.5	40.5	22.2
It is okay for a girl to initiate sex	61.7	54.0	66.0	42.4	59.8	71.5	51.8	69.4
Some boys that I know in the institution have sex with other boys	17.4	11.3	20.5	27.1	18.0	12.2	23.8	8.3
You can know if a woman is sexually experienced by just looking at her	22.5	18.1	25.1	22.0	23.3	22.1	26.5	11.1

There are big differences between girls and boys (for example, 45.2% of girls say that boys often pressure them to have sex, whereas only 26.6% of boys say that this often happens; also 58.6% of boys says a girl should be a virgin when she marries; only 40.2% of the girls agrees with them). Interestingly, it seems the higher educated young people are, the more liberal they are about this issue; higher educated youth were much more accepting of a woman initiating sex than less educated youth.

Attitudes about condoms and gender

In the table below, attitudes about condoms are explored – often linked to gender concepts. Again, in the first table those statements to which girls agree more than boys are presented; in the second table, statements to which boys agree more are discussed. Girls appear much more likely to view carrying condoms as an act of responsibility than boys. One major misconception was much stronger among girls than among boys: that using two condoms at the same time is safer than using only one.

Table 3.15: Condom and gender statements to which more girls agreed than boys

Statement:	% agree	% girls agree	% boys agree	% 14-15 y.o agree	% 16-17 y.o. agree	% 18-19 y.o agree	% 0-3 year edu agree	% 10-12 year edu agree
N=	316	116	200	59	117	140	84	36
A woman loses a man's respect if she asks him to use a condom	42.8	49.6	38.9	28.8	47.4	44.9	42.2	25.0
Condom use is a male responsibility	75.1	80.9	71.7	66.7	74.4	79.1	70.2	63.9
Using a condom is a way of expressing responsibility for my partner and myself	82.1	89.6	77.8	67.2	81.7	88.6	69.9	86.1
It is safer to use two condoms at the same time rather than one	53.7	65.5	46.7	50.0	53.0	55.7	65.5	19.4
If a man carries a condom, it means he is a responsible person	68.3	76.5	63.5	62.7	64.1	74.1	67.5	58.3

As can be seen in the table below, boys think that carrying condoms will lead their partner to think they are planning to have sex to a much greater degree than girls. Boys also found buying condoms more embarrassing than girls, and where more than twice as likely as girls to agree to the statement that 'a girl who carries condoms is not respected'. Nearly half of boys, versus a third of girls, agreed with the statement that using condoms was 'a man's decision'; worryingly, nearly half of the boys agreed with the statement that 'one should use condoms with sex workers and drug users only'.

It is also interesting to see that in 4 out of 5 statements in the table above, opinions appear to shift with age – mostly, the proportion of people agreeing increases with age.

Table 3.16: Condom and gender statements to which more boys agreed than girls

Statement:	% agree	% girls agree	% boys agree	% 14-15 y.o agree	% 16-17 y.o. agree	% 18-19 y.o agree	% 0-3 year edu agree	% 10-12 year edu agree
N=	316	116	200	59	117	139	84	36
If I carry a condom, my partner will think that I am planning to have sex	54.9	38.8	64.3	61.0	59.0	48.9	61.9	45.7
It is embarrassing to buy or ask for condoms	34.9	28.5	38.7	36.2	35.9	33.6	50.0	22.2
One should use condoms with sex workers or drug users only	43.3	35.7	47.7	44.0	50.9	36.7	53.6	25.0
A girl who carries condoms with her is not respected	41.0	25.9	49.8	49.2	44.4	34.5	45.2	25.0
Man decides if the wants to use condoms when having sex	41.8	34.5	46.0	50.9	38.5	40.7	54.8	25.0

In the table below, statements with little difference between boys and girls are included.

Table 3.17: Gender and condom statements with little difference between boys and girls

Statement:	% agree	% girls agree	% boys agree	% 14-15 y.o agree	% 16-17 y.o. agree	% 18-19 y.o agree	% 0-3 year edu agree	% 10-12 year edu agree
N=	316	116	200	59	117	139	84	36
Using condoms reduces sexual pleasure	61.0	61.7	60.5	43.1	59.8	69.3	48.8	63.9
Using a condom is a sign of not trusting your partner	38.3	36.6	39.2	41.4	38.3	37.0	47.0	13.9
A girl should leave her boyfriend if he hits her	66.0	69.8	63.8	58.6	70.1	65.7	57.1	72.2
If a person carries a condom it means they are experienced in sexual matters	61.5	61.4	61.5	57.6	70.1	55.8	69.9	25.0
I think that taking birth control pills can prevent HIV transmission if you have sex	20.0	19.1	20.5	32.2	21.4	13.7	33.3	5.6

In the table above, it is interesting to look at the columns dealing with education; 47% of low-educated youth agree that using a condom is a sign of distrusting your partner; among high educated youth this percentage drops to less than 14%. Close to 70% of low-educated youth believes that carrying a condom is a sign of experience in sexual matters; this percentage drops to 25% among high educated youth. A third of low-educated youth think that birth control pills can prevent HIV prevention, versus only 5.6% of higher educated youth. Again, it seems exposure to education – even if that education may not necessarily include explicit sex education – is a beneficial factor when it comes to norms, values and knowledge related to HIV/AIDS, gender and sexuality.

Attitudes about people living with HIV/AIDS

Finally, questions about people living with HIV/AIDS were included in the quantitative research part of this study. In general, it is clear that boys have much harsher and more negative views about PLWA than girls (nearly half of boys think people get HIV as a punishment for bad behavior, versus around a quarter of girls; 94% of girls versus 83% of boys would still consider a friend who got HIV a friend; nearly a third of boys but less than 20% of girls thought PLWA should be locked up to prevent HIV to spread. Attitudes showed a strong improvement with growing maturity – and especially with increased exposure to education. Nearly 50% of people with less than 3 years of education agreed that PLWA should be locked up, versus less than 3% of people who had more than 9 years of education. 81% of low-educated youth pledges to take care of a family member with HIV, versus 100% of youth with more than 9 years of education; in both the educated and less educated group, around three quarters said they were willing to take care of a roommate with HIV. For both questions, girls were much more willing to care of people with HIV/AIDS than boys. Youth with higher education also agreed stronger that a person with HIV should be allowed to go to school with healthy children (83% versus 70%); girls agreed to this much more strongly than boys (84% versus 70% of boys).

Table 3.18: Attitudes about HIV/AIDS

Statement:	% agree	% girls agree	% boys agree	% 14-15 y.o agree	% 16-17 y.o agree	% 18-19 y.o agree	% 0-3 year edu agree	% 10-12 year edu agree
N=	315	115	200	59	117	139	83	36
People get HIV as a punishment for bad behavior	38.4	25.2	46.0	52.5	39.7	31.4	47.0	27.8
A person with HIV should be locked up to prevent the disease to spread	25.7	19.8	29.2	40.7	30.2	15.7	47.6	2.8
Especially people who use drugs or sell sex get HIV	81.5	81.0	81.7	66.1	81.2	88.3	73.5	86.1
A student with HIV should be allowed to go to school together with healthy children	75.0	83.6	70.0	57.6	78.6	79.3	70.2	83.3
If my best friend got HIV, (s)he would still be my best friend	87.6	94.8	83.5	72.9	90.5	91.4	77.1	94.4
If a shopkeeper had HIV, I would not buy food from them	26.4	15.7	32.5	35.6	29.9	19.4	35.7	27.8
If a family member would get HIV, this should be kept secret	64.2	80.2	54.8	41.4	65.2	72.9	63.9	75.0
If my roommate would get HIV, this should be kept secret	54.3	73.3	43.2	23.7	52.1	69.1	53.6	55.6
If a family member gets HIV/AIDS, I will care for him/her	89.5	94.8	86.4	76.3	92.2	92.9	81.0	100.0
If a roommate gets HIV/AIDS, I will care for him/her	77.3	88.6	70.9	64.4	74.8	84.9	76.5	77.8

It is also obvious and interesting to see that for all statements in the table, the older the child is the more ‘mature’ and humane the answer is that he/she gives.

Self-perception of HIV risk

In terms of personal risk, nearly half of lower educated youth say they are personally not at risk of HIV, versus 30.6% of higher educated youth. Boys were also less prone to see themselves as ‘personally at risk of HIV’ than girls.

One question was included to determine whether children thought whether ‘being in an institution’ was a factor increasing HIV risk or not. Interestingly, over a third

of boys, but just a fifth of girls agreed that youth in institutions can get HIV easier than youth outside. Broken down by age, it appears 18-19 year olds are almost twice as likely to agree to this statement than 14-15 year olds.

Table 3.19: Perceived personal risk of HIV for children in institutions

Statement:	% agree	% girls agree	% boys agree	% 14-15 y.o agree	% 16-17 y.o. agree	% 18-19 y.o agree	% 0-3 year edu agree	% 10-12 year edu agree
N=	315	115	200	59	117	140	83	36
I am personally not at risk of HIV/AIDS	34.6	29.3	37.7	44.8	36.8	28.6	47.0	30.6
Youth in institutions can get HIV easier than youth outside	29.2	20.0	34.5	18.6	32.5	30.9	35.7	30.6

Conclusions

In conclusion, it can be derived that age and education are important influences on the knowledge about HIV/AIDS of children in institutions. Children with 3 years of education or less scored significantly lower on the knowledge test than children with more than 3 years of education. It is difficult to say whether this result may have partly been caused by limited literacy skills.

Apart from age and education, gender was found to be an important influence on attitudes towards gender and sexuality, as well as towards people living with HIV, with girls having friendlier attitudes towards people living with HIV than boys. However, it must be remembered that young people were considerably less accepting of PLWA than older youth, and that the girls in the sample were on average older than the boys; whether gender or age is the determinant feature is not certain.

Many youth still think that a person with HIV can somehow been identified by looks; they think such a person looks thin and pale, or has dry or ulcerated skin. This may lead youth to decide on condom use based on looks of the partner – a very dangerous pattern also found in other Southeast Asian countries at the start of the HIV epidemic there.

Chapter Four

Test Results: Comparing the center types

In this chapter, the center types are compared in terms of sexual and drug use experience, perceived HIV vulnerability by the children, as well as HIV and condom knowledge. First, basic information looking at general differences between the center type populations are repeated from Chapter Three:

Table 4.1: Mean age, N and # of boys and girls per center type

Center:	Mean age:	% boys:	N:
01 centers:	15.5	77.5	80
05 centers:	18.1	5.0	80
06 centers:	17.4	87.0	77
Reformatory schools:	17.0	83.8	80
TOTAL	17.0	63.1	317

As discussed, it is obvious that the 01 centers have the youngest population; on average, children in the sample of the 01 centers are 1.5 years younger than the average age of the total sample and 2.6 years younger than the youth staying in the 05 centers. The majority of the population of all centers were boys, except in the 05 centers for sex workers, where 95% of the youth were girls. First, sexual experience of the children in the sample is compared, per each center type.

Table 4.2: Have you had sex?

Answer	01 centers	Reform schools	05 centers	06 centers	Total
Yes	8.8	46.2	93.7[11]	66.2	53.5
No	92.2	54.8	6.3	33.8	46.5
N=	80	78	79	77	314

It is obvious that the children in 01 centers – being much younger and often coming from a different social background – have had much less sexual experience than the children in the other centers.

In the table below, drug use among children is examined, per institution type. Again, the 01 centers are clearly different from the other centers, with only 3.8% of youth there admitting to a history of drug abuse. The reform schools have a surprisingly high rate of 20.5% ex-users and 1.3% currently using drugs. Also the 05 centers show a high level of drug use history and 1.3% current use, showing the overlap between drug use and sex work in Vietnam. The 06 centers, not

[11] It is not clear why this figure is not 100%; it could be that respondents were institutionalized for having oral sex with clients, which they may not consider to be 'sex'; they may have withheld the truth, they may have been wrongly arrested or there may have been other reasons.

surprisingly, show the highest current and past level of drug use. Interestingly, 13% of young people that filled out the test claimed that they were still using drugs, despite being in a closed Government detoxification center.

Table 4.3: Have you used drugs?

Answer	01 centers	Reform schools	05 centers	06 centers	Total
Used before	3.8	20.5	54.4	84.4	40.5
Now using	0.0	1.3	1.3	13.0	3.8
Never used	96.2	78.2	44.3	2.6[12]	55.7
N=	80	78	79	77	314

Table 4.4: Youth in institutions can get HIV easier than youth outside

Answer	01 centers	Reform schools	05 centers	06 centers	Total
Disagree	70.0	57.5	56.4	15.6	50.2
Not sure	18.8	20.0	21.8	22.1	20.6
Agree	11.3	22.5	21.8	62.3	29.2
N=	80	80	78	77	315

It is clear that the perceived risk across the centers varies strongly. In general, 29% of youth agree that youth in institutions are more at risk to HIV than youth outside, and 20% is not sure; in 06 centers, however, 62% think youth in the center are more at risk than youth outside; only 15.6% disagree, versus 50.2% in the entire sample. In the 01 centers, only 11.3% agree to the statement, and 70% disagree.

Table 4.5: I am personally not at risk of HIV/AIDS

Answer	01 centers	Reform schools	05 centers	06 centers	Total
Disagree	29.1	30.0	54.4	23.4	34.3
Not sure	24.1	35.0	22.8	42.9	31.1
Agree	46.8	35.0	22.8	33.8	34.6
N=	79	80	79	77	315

Looking at personal risk, youth in 05 centers disagree strongest with the statement that they are personally not at risk of HIV; now the children in 06 centers have the lowest percentage ‘disagreeing’, which seems in contradiction with the table above, although almost half answer ‘not sure’. Again, the 01 centers seem ‘safest’, with the highest number of children reporting that they feel not personally at risk.

[12] Again, it is unclear why someone who has never used drugs should be in an 06 center.

Table 4.6: %-age giving **the correct answer** per center type, 14 selected statements; the highest scoring institution is marked in green, the worst marked in orange

Statement	01 centers	05 centers	06 centers	Reform schools
A person can get HIV by having sexual intercourse without protection	80.0	88.8	93.4	86.3
A person can get HIV by using the same bathroom as an infected person	70.0	81.3	86.8	82.5
A person who looks healthy can be infected with HIV	63.6	87.2	85.5	62.3
A person can protect him/herself from HIV by using a condom correctly every time they have sex	76.3	87.5	96.1	92.5
A person can get infected with HIV by mosquito bites	64.4	87.3	92.2	73.8
A person can get infected with HIV by sharing a needle with an infected person	81.3	80.0	90.9	77.5
HIV can be transmitted through saliva and sweat	51.9	78.8	81.6	71.3
People with HIV usually look thin and pale	10.1	50.0	14.3	11.3
A person can get HIV by sharing a toothbrush with an infected person	22.8	15.0	9.1	24.7
A mother with HIV can transmit HIV to her baby	87.5	90.0	96.1	88.8
One only knows if one is HIV positive by having a test	73.1	92.3	92.2	81.0
A person can get HIV if he/she shares drug using equipment (spoon, glass, syringe)	71.3	73.8	70.1	66.3
It is safer to use two condoms at the same time rather than one (FALSE)	35.4	19.0	24.7	31.3
Taking birth control pills can prevent HIV transmission if you have sex	47.5	68.0	49.4	60.0
TOTAL SCORE	835.2	999.0	982.4	909.6
Average percentage correct per question:	60	71	70	65

Comparing the knowledge across centers, it is heartening to see that apparently those with most experience with sex and drugs – i.e. those staying in the 05 and 06 centers – also have the highest average test score on the HIV and condoms knowledge test (see table above); on average, the 05/06 center youth score 70-71% correctly. The children in the 01 centers score lowest, on average only a score of 60%, despite having a higher number of years of education than the women in the 05 centers – probably the reason is their younger age, less life experience, and also less exposure to HIV prevention messages.

The children in the reformatory schools score in between the 01 centers and the 05/06 centers (65%).

As can be seen from the table above, a very low percentage across groups knew that using two condoms at the same time is NOT safer than using one. It is worrying that only 19% of former sex workers answer this question correctly, indicating that many may ask their customers to use two condoms. With the exception of the 05 centers, very few disagreed with the statement that 'people with HIV usually look thin and pale'. The misconception that HIV status can somehow be derived from how a person looks from the outside is a very stubborn one, not only in Vietnam but in other parts of Asia as well. It often results in unsafe sex with partners who are not thin and pale, or who are rich (as many people also believe that rich people are somehow less likely to have HIV than the poor). Almost half of the children in the 01 centers tend to believe that saliva and sweat may also transmit HIV. In the 06 center 91% knew that sharing needles can transmit HIV; the highest score compared to the other centers.

In general, it can be said that the scores on the test tool are quite satisfactory:

Conclusion

General knowledge of children and youth in 05/06 centers is higher than in 01 centers and reformatory schools in this sample. As was clear from Chapter 3, this can be attributed partly to the higher age of children in the 05/06 centers.

However, exposure to risk in the form of sexual experience or drug use is highest in the 05/06 centers, making it important to further address misconceptions and improve skills and attitudes towards condoms among 05/06 center youth – especially since it is known that many youth there relapse and go back to drugs and sex work after their release.

The time in the 05/06 center is an excellent opportunity to improve knowledge, attitudes and skills of this highly vulnerable group.

Chapter Five

HIV vulnerability in 01 centers

Introduction

The 01 centers are usually called 'social protection centers', aimed at providing a place of refuge for people who fall outside their family or community social networks. For many years, the Vietnamese Government pursued a policy of actively recruiting people with social problems and forcing them into these centers; recently, however, the Government has been discussing a policy shift, and has declared more than once that it now favors community-based solutions for children, disabled and elderly people without families, rather than institutionalization.

Two 01 centers were included in the qualitative analysis: one in Haiphong and one in Go Vap, Ho Chi Minh City. The data will be presented as follows:

- Short description of children in 01 centers, from quantitative survey;
- Description of daily life in the 01 centers, from group discussions;
- Results of the institutional checklist for the two 01 centers;
- Findings from interviews with children;
- Findings from interviews with staff.

Background of the children in 01 centers

The children in the 01 centers were young; the survey included only 14-18 year olds, randomly sampled from a list of all 14-18 year olds residing there (officially children can stay in the 01 centers up until their 19th birthday). 80 children were included. Almost a third of the sample out of the 01 centers were 14 years old; less than a quarter (23.5%) were older than 16; the average age was 15.5, versus an average age of 17 for the whole sample. Over three quarters (77.5%) of the sample were male.

Over three quarters of children in 01 centers reported to be currently in school (76.3%); this was the highest number of the four center types. On average across the centers, 43.2% of the children was currently school-going.

Despite the children in the 01 sample being 1.5 years younger than the average age of the sample, they had an average of 5.6 years of education, which is higher than children in reform schools or in 05 centers; only the children in 06 centers had more education than the 01 center children.

Only 8.8% of the children in 01 centers reported to have had sexual experience, much lower than the percentage overall (53.5%); 96.3% reported never to have used drugs, a much higher percentage than in the overall sample (55.7%).

Daily life of children in 01 centers

Children in both 01 centers get up early (5.30 – 6.00 AM) and spend half an hour to 45 minutes for taking a bath and / or cleaning their rooms / the premises of the institution. Then they have breakfast and go to school (7.30 – 11:00; in Go Vap 7:00-10:00). Then they have lunch and siesta. In the afternoon there is class again, in Go Vap in the form of vocational training (1:30-3:30; in Haiphong 1:00 – 5:00). In Go Vap the children have more free time at the institution than in Haiphong.

Children in group discussions reported that control over their daily life was very strict. In Haiphong children who reside in the institution can go outside after school; some girls had boyfriends, but they were not allowed to come to the center. Children in a group discussion in Haiphong mentioned that attempts to sexual abuse had occurred in the past, but that the staff member involved had been moved to another agency before the abuse occurred. In Go Vap, children in group discussions mentioned that boys and girls had access to each other easily; sexual contact between boys and girls could happen during the siesta time.

Some months ago, when the boys and girls lived at the same level, there was one girl who came to her boyfriend's room to sleep. Her roommates knew but they could not tell the teachers for fear of being hit. As a result, she was pregnant and she was taken to her home. The boy had to move to another place. This does not exist anymore now because boys and girls now live separately. (Female focus group, Go Vap)

Some boys have sex with each other – this was mainly masturbation during the night time, but also anal sex was reported, both in the sleeping quarters as during bathing time or at lunch time.

All children in the group discussions in 01 centers thought that HIV vulnerability in the center is less than for children outside the center.

Results of the institutional checklists for the two 01 centers

In both 01 centers, boys and girls are not kept totally separate from boys; in Haiphong the center is shared with institutionalized adults, who are not always separated from the children either. In Haiphong, bedding and sanitary facilities were found not adequate / clean. In Haiphong children are allowed to leave the institution to go to school, but in Go Vap they are not. In Haiphong children have access to the internet, in Go Vap they do not. In Haiphong researchers reported that food was not of sufficient quantity or quality, and that primary health care was not available a the center; in Go Vap the situation was found better. In both centers, children are not allowed to leave the premises for personal business.

In Haiphong children who are considered to be 'high risk' undergo compulsory HIV testing upon admission, but not so in Go Vap. No counseling (pre- or post-test) is provided in either center, and children are not told the results of the test. In Haiphong, HIV prevention education is provided to the children, and there is staff trained on counseling and HIV/AIDS basics. Go Vap does not have these facilities. Condoms are not available to children in both centers; referral systems to STI and health care facilities are. When children leave the Haiphong center, a reintegration plan is developed; however, local social workers and the child him/herself are not involved in this process, and no system for monitoring or follow-up is in place after the child leaves. In Go Vap no such plan and no monitoring system is in place.

Results of individual interviews with children in 01 centers

10 children were interviewed at the 01 center in Haiphong, and 10 at the Go Vap 01 Center. Most of the children in the 01 center come from poor and / or broken families, and / or are orphans; i.e. the reason for them coming to center was the lack of a primary caregiver. Often a family member applied for the youth to be admitted to the center, after which a home visit was made by the center to assess the situation of the child. In Go Vap there seemed to be mostly children who were formerly living on the street. Two case studies, rather typical of the children at the 01 centers, are presented below.

Case study: 18-year old boy in Go Vap Juvenile Vocational Training Center

There are 2 children in my family. My father died when I was 8. My mother does a small business. My sister is married. My birth-certificate was lost. I left home and I started working very early, (making bricks). I didn't care about my education. (…) I followed mother from my hometown to Ho Chi Minh City to sell lottery tickets. Besides that, we sold lottery result sheets and we peeled pineapples. (…) I entered the Institution because I was caught when I was going out with friends one evening. I want to be released to help my mother. (…) Since I didn't have a birth-certificate, I didn't go to school. In addition, my mother didn't have money for my school. When I entered the Institution, I started school and now I'm in grade 1.

I get more bored day by day because there is no place to play. I miss my mother and I want to be released.

Case study: 15-year old girl in Go Vap Juvenile Vocational Training Center

There are 5 children in my family. I am the 3rd child. My parents work for daily pay. We are poor. My mother, brothers and sisters are good, but my father often hit my mother and me. Both mother and I left home, and I was lost from my mother. I begged for living from Dac LAk to Ho Chi Minh. I often slept on the pavement. Some good people shared their rooms for me. I wanted to find my mother. (…) It took me 14 days from Dac Lak to Ho Chi Minh. I was begging and looking for my mother. When the police saw me, they took me here. The first time I was here, I was very afraid that friends would scold me but they didn't. I'm very happy here, teachers are very good, friends treat me well. I write letters and asked teacher to send to my family.

Tobacco, alcohol and drugs

Children in the 01 center in Haiphong report that alcohol, drugs and cigarettes are strictly prohibited in the center; an exception is sometimes made during holidays, when some of the caretakers have a beer. Some children reported to have seen other children drink beer; in Go Vap two boys and one girl said they saw friends drunk at the dormitory; they were later publicly punished. No drug use was reported in Haiphong, but in Go Vap cigarettes are smuggled inside regularly, and many of the boys smoke in the toilet or bathrooms. When punished, they have to clean the yard or kneel down for an hour; "*Sometimes they are lightly hit*", according to a 16-year old boy in Go Vap.

One boy in Go Vap said some friends staying at the center used drugs; apparently this person(s) would inject drugs while being outside the center. Interestingly, the boy remarked "*I heard that they injected in the foot in order not to be discovered".* However, the person he referred to was discovered and referred to a drug rehabilitation center.

Sexual behavior and experience

Sex is strictly prohibited in the 01 centers. As one 16-year old boy in Go Vap put it:

It is banned in the institution and there are always too many people. There aren't any condoms in the institution.

Nevertheless, the same boy said he thought some boys had sex with each other in the bathroom or in bed; he added "*Everybody finds it normal, but it happens very rarely".* One 17-year old boy in Go Vap thought boys and girls may have sex at the center, but when asked for details he talked about writing letters, embracing, kissing and holding hands only; no further information was gathered about this. A 15-year old girl in Go Vap said she had heard that girls had sex with

each other in the dormitory; "*some were discovered and scolded*". A 19-year old boy said:

I do not think (that they have sex in the institution) as there are many people staying in one room. There is no chance for them to have sex. I heard there were some couples who fell in love, but then they were separated. The couples could not meet but only send each other letters.

The 16-year old boy referred to above also mentioned that many of his friends tattooed themselves, and that they shared tattooing equipment while doing so. He correctly assumed that this was a potential HIV risk. Some children had misconceptions about how HIV could be transmitted, leading to exaggerated fear for transmission:

Many people stay in one room, so if someone has HIV, (he/she) will easily transmit to others. (19-year old boy, Go Vap)

One 15-year old boy said:

One time an older boy, taking advantage of the evening, asked some girls to go to his room to meet some boys, and they were discovered. I don't know what they had done.

HIV prevention and care services and activities in the center

Some children thought HIV prevention activities in the 01 center were sufficient, others called for more activities, especially more written materials that are understandable for youth. One boy in Haiphong said the information provided to children was not detailed enough. A boy in Go Vap said the information should be made available in another form than written, since he could not read well.

Some young people found creative ways of obtaining information about HIV; when asked "Suppose you had a question about HIV/STI, who would you ask?", one 14-year old male and one 19-year old male resident of Haiphong's 01 center answered both:

The guard.

Usually children mentioned the 'mums' (caregivers), the nurse or health care worker, or friends as sources for information about HIV/AIDS.

Some children had a very narrow view of HIV prevention; when asked whether the institution is doing enough to prevent HIV among children and adolescents, a 14 year old boy in Haiphong answered:

Yes, good enough. Because they do not shelter drug addicts, do not allow drug addicts to get in and do not allow children to play with bad ones.

One 14-year old boy in Haiphong said on the same question:

No, not enough. Very few children understand about HIV, or they understand very little about it. Few programs to teach about it have been carried out, and the explanation was hard to understand.

One 16-year old boy in Haiphong said hat there was no confidentiality of private information – he did not believe staff would keep HIV status a secret if they knew. For that reason he would not tell the staff if he were HIV positive. Other children said that they would be happy for the staff to know, as this was the only way for them to get help / medical attention; some mentioned they would keep it secret from their friends, for fear of being abandoned. As one 16-year old boy in Go Vap put it:

I would keep it secret (if I had HIV). I am afraid that if other people knew, they would not play with me. If the teachers knew, they will keep secret for being afraid that other people would avoid me.

Priorities for improvement

Selected priorities for better care, nurturing and education for children in the institutions, taken from the interviews with children in the 2 centers:

Street children should not be put in the center too long, it makes them feel uncomfortable, they should be sent to their family or other places – 15 year old girl, Haiphong

I wish the teachers would love us more – 14-year old boy, Go Vap
I don't want friends from outside the center to underestimate me – 14 year old boy, Haiphong

I want to go home, to live with mother – 16-year old boy, Haiphong

I just want to receive love from the teachers and return home – 16-year old boy, Go Vap

I want to have better meals – 16-year old boy, Go Vap

The library needs more books and newspapers – 16-year old boy, Haiphong

The center needs a medical station, with a doctor – 19-year old boy, Haiphong

We need more scissors to tidy up the village and cut the grass – 14 year old boy, Haiphong

Teachers give us the best conditions here, so I have no idea – 15 year old girl, Go Vap

I hate this school and want to run away. It is very boring in here. There is nothing to play. I want to play computer games outside - boy, Go Vap

Results of staff interviews at 01 centers

According to a higher management staff member of Haiphong 01 center, HIV vulnerability of children in his center is very low. Most staff across the 01 centers reported the same. Nevertheless, HIV awareness contests have been carried out for the children there, and a two day training for children aged over 14 years old has been conducted by medical staff. He added that the children were not very interested in the issue, however, he acknowledged that more activities are needed in this field. He also said that the Government budget per child is too low, and that diet and facilities need improvement. He also cited a lack of professionally trained staff.

A caretaker mum in Haiphong said that children older than 15, especially boys, are at high risk of HIV due to the influence of 'bad friends outside'. For counseling needs, girls usually ask the (female) care takers, whereas boys ask the guards, who are all male. The caretaker also mentioned the poor diet, and lack of entertainment possibilities and space for the children to play.

A nurse in Haiphong said she thought the risk for children to get HIV in the center is much smaller than outside. She said more should be done to make children aware about HIV/AIDS, and to improve their knowledge. Gaps mentioned were similar as above; in addition, more attention and care is needed for the smallest children.

In Go Vap the situation was different. A counseling staff said he had seen boys with STI; "*they told me that they had sex with prostitutes since they were 13 or 14.*" He also said "*homosexuality is prevalent in the school. There are many children who used to have homosexual (sex) with foreigners in Pham Ngu Lao since they were small. We have separated those who had homosexuality when discovered*". He also said older boys sometimes forced younger boys to make them ejaculate. No heterosexual contacts were found or reported. Furthermore, one child was discovered injecting drugs and was moved to another center.

The counseling staff added that he thought there was not enough HIV education for children. He showed some signs of misconception himself, when he said "*If we had someone infected (with HIV), (…) these positive children should stay in a different room, should not share a room with others, for protective purposes. Children usually have cuts in their hand or scabies, which create chances for infection*".

A social worker in Go Vap said homosexuality may happen in the center, but that it is rare; heterosexual love is common, but sex is rare:

> *In my opinion, homosexuality may happen in the Institution but it's rare. There are many couples but they can't have homosexuality because they are observed and controlled all the time, every where. They don't have places or condition to do as well. Drugs using is totally banned in the Institution so there is no ability of risks to HIV through injection. There is homosexuality between girls in the Institution but the number is not much. Love between boys and girls is very common in the Institution because they are in the growing age. There expressions are clear. When they are in love, they promise and meet each other at the library when they are both free. They commonly express their love through letters and talking to each other. Sexual activities in the Institution are limited because teachers strictly control them so they can't do it.*

The social worker also mentioned that the methodology used by party cadres, where they teach and the children have to sit and listen, is not well liked by the children: '*their favorite methodology of implementing is carnival, they enjoy it very much.*'

One other staff of Go Vap mentioned sharing of syringes or razor blades, and tattooing equipment between children as possible infection routes. He said that HIV prevention activities for youth in the center was insufficient, and that condoms and 'artificial genital organs for teaching' should be provided, and that teaching activities should be focused on helping children to formulate their own opinions.

Conclusions and recommendations

It seems that compared to the other centers studied, the situation in 01 centers is relatively good; HIV vulnerability of children and adolescents staying there is quite low. Little sexual activity is occurring; still it should be considered whether health staff or nurses could provide condoms at the health room, in case adolescents ask for them – another option could be to make informally known that guards or trusted male staff can provide condoms to young men asking for them.

HIV prevention activities for young people should include the danger of sharing sharp objects – not only syringes for injections, but also razor blades or tattooing equipment. It is important to change methodologies for HIV prevention education for young people – the way HIV is taught is currently rather boring, and the focus is entirely on transmission and non-transmission, not on contextual factors that influence transmission (i.e. sexuality, gender / power relationships, peer pressure). Messages may also be fear-based and draped in moral judgments,

which may not come across well or relate to the living situation of the children in the centers.

Institution staff need additional training on HIV/AIDS; some misconceptions were found during interviews. There is also a need for additional IEC/BCC materials to improve the library – materials for illiterate children, or children with very weak reading skills, should also be considered.

I wish…

Street children should not be put in the center too long, it makes them feel uncomfortable, they should be sent to their family or other places – 15 year old girl, Haiphong

I wish the teachers would love us more – 14-year old boy, Go Vap

I don't want friends from outside the center to underestimate me – 14 year old boy, Haiphong

I want to go home, to live with mother – 16-year old boy, Haiphong

I want to have better meals – 16-year old boy, Go Vap

The library needs more books and newspapers – 16-year old boy, Haiphong

The center needs a medical station, with a doctor – 19-year old boy, Haiphong

Teachers give us the best conditions here, so I have no idea – 15 year old girl, Go Vap

I hate this school and want to run away. It is very boring in here. There is nothing to play. I want to play computer games outside - boy, Go Vap

Chapter Six

HIV vulnerability in the 05/06 centers

Life in the center is tougher than that outside. I cried all the time during the first week, after I entered the center. The police took me here, and my family members were not allowed to have a say. Life in the center is very boring and hard. I get on well with my friends in my room, and with the staff. Since I entered the center, I have thought about my mother a lot. I miss her very much, though she might be angry with me.

18-year old girl, 05 center in Ba Vy

Introduction

The Vietnamese Government has a policy of rehabilitation for people engaging in 'social evils'; drug users are forced to undergo detoxification and rehabilitation in '06 centers' and people (mainly women) involved in sex work are rehabilitated in '05 centers'.

In the case of girls/women involved in sex work, for the first one or two times that they are caught the police asks the local authority to tell prostitutes "not to do that again" – this is how the director at the 05 center in Ba Vy expressed it, calling this a 'community based approach'. When children repeated work as prostitutes for several times, police refers them to the 05 center.

Four 05/06 centers were included in this study: the 05 center in Ba Vy, mainly with women from Hanoi; the 06 center in Ba Vy, with women and men detained for drug use in and around Hanoi; the 06 center in Chu Chi, mainly with girls and boys detained in Ho Chi Minh City, and the 05 center in Thu Duc, also close to Ho Chi Minh City.

Upon admission, all children have to take health check-ups, including a blood test. The doctor creates a file or makes treatment plans for all individual children; the Ba Vy director said children are consulted in this process, but the level of children's participation in the process remained unclear. A medical staff in Ba Vy said that out of 300 blood samples taken in 2006, around 5% were HIV positive; she added that "*children and their families will not know the result until they leave the center.*"[13] Another staff said 20% of children in the age of 14-19 were HIV positive in Ba Vy. In Thu Duc, the director of the education and community reintegration department said that 20% of the people staying in the center were HIV positive. The 27 babies with HIV in Ba Vy do receive ARV in a project funded

[13] This is remarkable, because the same staff person said that the Ba Vy center treats opportunistic infections of people with HIV/AIDS; one could question how they can treat these infections without telling the patient that he/she is HIV positive. Probably no adolescents have progressed to this stage so far, and the treatment may therefore be for adults who are aware of their infection already.

by the Clinton Foundation and the Global Fund, provided at the center itself; others with HIV are reportedly referred to the hospital when they are in need of ARV medicines.

As for the intake assessment, the centers have personal histories of individuals but they seem to be not well updated during their stay, except the part on health. The contents of individual history assessments are not clear; the director in Ba Vy said it includes the place they come from, address, name… mainly basic personal information but do not include assessments of families or physiological assessment of individuals.

The centers have written rules of conduct for the center; the Ba Vy director claimed that the center spends one week to teach the rules to the children after they arrive (it is difficult to imagine how this would be organized, with only a few children arriving at one time).

The data will be presented as follows:

- Short description of children in 05/06 centers, from quantitative survey;
- Description of daily life in the 05/06 centers, from group discussions;
- Results of the institutional checklist for the four 05/06 centers;
- Findings from interviews with children;
- Findings from interviews with staff.
- Conclusions

Background of the children in the 05 and 06 centers

The randomly selected 14-19 year old children in the 05/06 centers were older, on average, than in the 01 centers and in the reformatory school, reflecting the fact that most of the inhabitants of these centers are adults. In the 05 centers (sex workers), the average age was 18.1 years old; 95% of the children there were girls (N=80). In the 06 centers the average age was 17.4 years old, and 87% of the children were boys (N=77).

The schooling situation of children in the 05 and 06 centers was quite different. 42.9% of the children in 06 centers were currently in school, versus only 18.8% of the children in 05 centers. The average number of years of education the children had had was 6.6 years in the 06 centers and 5.4 years in the 05 centers.

In terms of risk behaviors, the percentage of children reporting to have had sex was highest in the 05 centers – not surprisingly, since they are supposed to have a history of sex work; 93.7% reported to have had sex there. For the mainly male sample in the 06 center, the percentage reporting to have had sex was 66.2%.

A surprisingly high number of children in the 05 centers for sex workers reported to have been addicted to drugs: 54.4%, providing evidence for the strong overlap between sex work and drug use in Vietnam (as well as in other countries in the region). 1.3% reported to be still using drugs, and 44.3% had never used drugs.

In the drug rehabilitation center, 84.4% reported to have used drugs in the past, but kicked the habit; 13% was still using drugs at present, and 2.6% said never to have used drugs (why these people were residing in a 06 center remains a mystery).

According to an education staff in Ba Vy 06 center, since the beginning of this year, there have been 60 cases of illness due to HIV/AIDS (out of around 1500 persons residing in the center); an education staff estimated that 40% of the people staying there had HIV.

Daily life in the 05/06 centers

In this section, data collected in group discussions is presented, focusing on daily life, sexuality, alcohol and drug use and perceived HIV risk.

The girls staying in the Chu Chi center, as well as at the center at Thu Duc near Ho Chi Minh have to work in the daytime; they get up at 5.30 AM, do morning exercises and clean themselves and their rooms. They have breakfast in their rooms (7:00) and start working at 7:30 until 11:30, with a 15 minute break. They have lunch at 11:30 and rest between 12:00 and 13:30 in their rooms. They work again between 13:30 and 16:30, with another 15 minute break. At 16:30 they have dinner and wash the dishes, and they have a roll call at 17:00-17:30, after which they have group meetings / activities between 18:00 and 19:00; after this they tidy the premises and have time to relax until 20:00, at which time they have to return to their rooms. They then watch films, write letters and play around until 22:00, when they are supposed to go to sleep.

Girls in the 05/06 centers in Ba Vy (about two thirds stayed in Ba Vy's 05 center for both prostitution and drug abuse; a third only for prostitution) started working one hour earlier than the children in the South. In both Ba Vy's 05 and the 06 center, children complained about the lack of clean water – they said sometimes fights broke out when there was a shortage. In fact, the center management uses this as a punishment; when someone makes a mistake, she is not allowed to take a bath that day. Girls in Thu Duc also complained about a lack of water. The girls in Ba Vy have free time between 17:30 and 21:00. The girls said there was no alcohol or tobacco or drugs in Ba Vy, but homosexuality occurred frequently between the girls – they said this was facilitated by the fact that they slept in the same bed / room; sex also happened in the bathrooms. Sex occurs in secret, however, the staff appears aware of it; one girl in Ba Vy said that '*We are reminded every Monday that we should not get involved in homosexual activity*'.

The boys at Chu Chi have a similar schedule, but they do not work but study. They have more free time than the girls (10:00-13:30, and again after 16:00). They also appear to have an additional meal (supper) at 19:00, something the female focus group did not mention.

The female group in Chu Chi mentioned that drugs are being used in the center, brought in by visiting family members. They mentioned that the pipette of an eye drop bottle can be turned into a tool for injecting drugs; sometimes needles are also thrown across the wall of the institution by outsiders. The girls mentioned that 'the boys have a lot of free time'. They also said that sexual relations between children happen at the center, and that some girls have become pregnant as a result: "*they made love very quickly and had no condoms*"; the girls also mentioned that boys have sex with each other, mainly in the daytime. The female group in Chu Chi thinks the risk for HIV infection is higher for youth staying inside the center than for youth outside. The reason is the above mentioned drug use, sharing of razors and the occurrence of homosexual and heterosexual sex, without the availability of condoms in the center. They also mentioned the poor nutritional situation[14] in the centers.

The (female) groups in Ba Vy and Thu Duc did not report drug abuse in the center, and no heterosexual sex; homosexuality between girls was found prevalent in three centers – only the female group in the 06 center of Ba Vy denied this; the male group in Ba Vy 06 said homosexuality occurred, mainly in toilets and in the sleeping quarters..

The female group in Thu Duc thought they were at risk of HIV because they shared needles while working on embroidery or sewing footballs. Also quite often fights occur, with bleeding wounds; also in Chu Chi this was reported. Also, they were aware that some of the girls staying at the center are HIV positive, although they did not know who. In Ba Vy and Thu Duc no (hetero)sexual encounters were reported; cigarettes and alcohol are unavailable in the center, but some girls make alcohol themselves from fruit.

Results of the institutional checklist in the 05/06 centers

In the 05 centers, as mentioned by the female participant in the focus group above, children and adults are not separated; at the 06 center in Ba Vy (male only) the boys are not separated from adult men, but in Chu Chi they are. In one of the 05 centers, girls are only supervised by women officers; in the other center there are also male officers. In all three centers with females, male officers have access to the female quarters without being accompanied by a female officer.

[14] A staff in Ba Vy 06 center explained: *'learners should be supported with VND 300,000 (for food) per month as compared with VND 140,000 as currently.'* Another staff even suggested the food allowance had recently been cut from VND 140,000 to VND 88,000 per child.

In the Ba Vy 05 center and 06 center, there was a clear lack of space and crowded quarters. In the 05 center 24-32 children stayed in a 56m2 room, and 2 children share 1 bed; bedding and sheets were found not adequate. In the all-male 06 center, boys officially have their own beds, but in practice they have to share or sleep on the floor. Bedding and sheets were found inadequate. Sanitary facilities were found inadequate in both Ba Vy centers; there were 3 toilets with doors and 3 without door for 180 children. Access to clean drinking water was limited. Children in Ba Vy 05 center were not allowed to use their own clothing, but in the 06 center they were. The situation in Thu Duc was better in this regard; children had their own beds, bedding was clean, there were clean and separate bathrooms and children had their own clothes. In the 06 center in Chu Chi bedding and sanitary conditions were fine. Both 05 centers and the 06 center lacked sufficient space for sports or recreation.

Both 05 centers had teachers and vocational trainers, as well as health workers. Both lacked counselors, social workers or psychologists; the 06 center in Chu Chi and the 06 center in Ba Vy did have no vocational trainers but had a counselor.

Training of staff was deemed insufficient – an exception was the Thu Duc center where all staff received training on HIV/AIDS; some staff received training on first aid, Vietnamese laws and human rights; very few staff in 05/06 centers had received training on child psychology or counseling skills specific for children or adolescents.

In terms of education, the curriculum of the school follows the national curriculum in Thu Duc and Chu Chi but not in the two Ba Vy centers; in none of the centers children are allowed to leave the center to attend a community school. In Ba Vy there are few children – there is only literacy classes and vocational training for them. In Thu Duc there is a nice looking library with few books; none of the interviewed children had ever been there, however.

In both 05 centers children have to work in the daytime. They are paid for their work as well, but then most of the money they make is used by the center to buy food for them. In the 06 centers, some children attend class and some work.

The nutrition in all four centers is poor, due to the fact that the budget for food per child is set too low (150,000 VND per month). Almost all children in Ba Vy and Thu Duc listed food as their main priority when asked to list ‘things to improve’. Primary health care is available in the four centers, but no dental care is available. One researcher noted that ‘treatment of dental problems consists of antibiotics to kill the pain’.

In Thu Duc and Chu Chi there is no compulsory HIV testing; testing is voluntarily and pre-and post testing counseling is provided (even though it was stated in the

Thu Duc checklist that nobody was trained on counseling skills); both HIV negative and positive cases are told the results in Thu Duc[15], but in Chu Chi the children are not told the results. In Ba Vy sometimes HIV testing is compulsory, but it is not done upon admission but randomly; no pre and post-test counseling is available, and children are not told the results of the test either. As mentioned above, for Ba Vy children HIV treatment is available via the health center, but adults do not have access to ARV treatment. Also, in Thu Duc and Chu Chi there is no ARV available at the center. Condoms are not available at the centers, but when the children leave Ba Vy they are given some condoms to take with them – which, considering the high rate of girls that continues working as a sex worker after leaving the center / formerly addicted boys who relapse, is a sensible idea.

In both 05 centers and both 06 centers, children are allowed visitors, but they can not meet in private. They are also not allowed to leave the center by themselves. In all centers children can communicate by telephone and through letters, and they have limited access to newspapers and magazines. None of the centers had internet.

In the 06 center in Chu Chi and the 05 center in Thu Duc, children are sometimes hit as a punishment – this is not allowed in both Ba Vy centers[16]. In all centers except in Ba Vy's 06 center, children can be locked up in solitary confinement; another punishment in all centers is labor. In Ba Vy 05, prohibiting children to take a bath is sometimes used as a punishment; the Ba Vy center also uses restriction of contact with family members as a punishment, something that Chu Chi and Thu Duc do not allow.

The exit process from the center is quite different across the four centers studied; in one of the centers there is a system for follow-up in place, in two centers there is not. The child is, however, never involved in the drafting of such a reintegration plan. An exception is the 06 center in Ba Vy, where the child is involved in an reintegration plan; there is a volunteer network supporting community integration of the detoxified adolescent. This network covers around 50% of communes in Hanoi.

[15] This was contradicted by an 17-year old girl staying in Thu Duc for 9 months; who said that '*teachers keep it a secret as they are afraid that we will commit suicide. They just inform us when we are leaving the center*'.

[16] Staff admitted that these were regulations, but that corporal punishments happen, nevertheless.

Results of the qualitative interviews with children in the 05/06 centers

Case study: 19-year old girl, 05 Center in Ba Vy

There are 3 members in my family. My parents traded drugs; they were caught and sentenced to 15 years in jail. I lived in poor conditions as my parents were addicted to drugs, so they often had conflicts. I was depressed when I saw them fighting many times. No one taught me as my parents were in jail. I lived with my grandmother. Because of peer pressure, I ran away from home. 1 year later, I became addicted to drugs. I was caught when picking opium. I didn't do any job. I wandered around the streets all day. The police caught me and took me to have medical check. They found out that I was HIV positive.

I quit school when studying at grade 9 because I felt sad. Parents were all in jail. No one played with me. Friends isolated me. I left home many times. Relatives looked for me and forced me to go home. I made friend with a person in Hanoi. I went to Hanoi and worked for a karaoke shop. When I had money, I injected drugs and I became a prostitute.

I was caught when injecting drugs. The police took me here. In the early time, I was scared that I would be bullied and hit but in fact, it didn't happen.
My relation with friends in the room is normal. Employees in the centre help me whole-heartedly. I hate my parents as they pushed me into this circumstance.

I have lived in the centre for 2 years. Now, I do not suffer from drug abuse but sometimes when the weather changes, I feel weary in my hands and legs. I'm going to be released but I don't know where to go and what to do. I'm afraid that I might be a drug addict again. No one but only grandmother cares for me.

Boy in the 06 center in Ba Vy

I was once playing cards with friends, then a group of people came to catch me and sent me to the centre – Dong Dau. I was tested and found drug positive. As a result, I was sent here for drug rehabilitation. My parents could only visit me after two months when they found out that I was here.

For the first months, I tried to find ways to escape from the centre. I dreamed to be returned home. I do not like the regulations in here. The teachers are not fair, they beat us irrationally. I sometimes want to cut open my belly so that I can be referred to an outside hospital for treatment. I will then find way to escape. I asked my parents to negotiate with the centre managers to reduce my period of rehabilitation. They promised to release me in a couple of months.

I do not have many room mate friends. I do not like them. The ones that stay here long usually threaten the new comers, or beat them.

Like the story above, the life histories of the children in the 05 and 06 center are, almost without exception, sad – of parents breaking up, abandoning their children

in order to get remarried or start a new life; of stepparents who treat children badly; of children being abused at home and running away; about children coming under the influence of 'bad friends' who are involved in using and selling drugs or in prostitution; sometimes their own parents are involved in prostitution or in the drugs trade. When they enter the 05 or 06 center most have been either addicted to heroin or been working as a sex worker, or – in the case of many girls – both.

In general, most children in the 06 center in Chu Chi said risk for HIV in the center was high, whereas most children in the 05 centers of Ba Vy and Thu Duc said it was low.

Tobacco, alcohol and drugs

Cigarettes are banned at the centers, but children – mainly, but not only boys – sometimes gain access to them through guards or family members and smoke; some use pipe tobacco, using ball pens as pipes. Some of the children do not agree with the ban:

The agencies should encourage the centre to allow boys and girls to have cigarettes and to have sex at a regulated time

19-year old girl, 05 center, Ba Vy

When caught smoking, there is punishment, as a 17-year old girl in the 05 center in Thu Duc notes:

They were punished by working to clean the pig cages or cleaning the lawn.

Other punishments include kneeling in front of the regulations and reading them out loud, or sweeping or cleaning the premises of the center.

Alcohol is also sporadically available to the children, especially in Chu Chi and Ba Vy 06, but it is rare and when alcohol use is discovered, it is severely punished. It is either smuggled in or produced by the children from fruits:

They make alcohol of fruit. The soak grapes in water until it becomes alcohol. (…) They (the children who did this) were punished by kneeling at the regulation board and read aloud the regulations.

17-year old boy, Chu Chi 06 center

Another boy[17] in Chu Chi said that boys discovered drinking alcohol were beaten with a rod '10 times for every discovery' (17-year old boy, Chu Chi 06 center). A third 17-year old boy interviewed in Chu Chi said that people who were caught smoking were '*punished by hitting their buttocks, kneeling, or being locked up*

[17] Coincidentally, five 17-year old boys were interviewed in Chu Chi.

according to their age or number of violations, the longest time is one month and seven days'.

If they want to have alcohol, their family has to give money to local people to bring us through fences. When they drink they have to watch very carefully, in case they are caught in action, they will be punished by working hard immediately.

19-year old boy, 06 center, Ba Vy

One boy in Ba Vy 06 said that room supervisors ('Red Stars'), who are often seen as 'teachers' favorites' and therefore disliked by other children, have special privileges, and are more or less allowed to drink alcohol, which is provided by community members living around the center:

(Room supervisors) drink in the sleeping room. Nobody can tell the truth to the teachers, as they are the head of our group. We have our own regulations: "No see, No talk and No know". They can hide the alcohol smell by using tiger balm.
Boy in Ba Vy 06 center

He also said that some boys in the center exchange cigarettes, which they can get from outside, for services from others, including massage and 'homosexuality':

I can have three smokes a day if I can buy it. Otherwise, I just have one smoke a day. In order to avoid smoke, I exhaled the smoke into a water pot. We sometimes get free pipe cigarettes from the room mates if they want us to do something, like homosexuality or hygiene washing or massage.

Drug use was not reported by the children in the 05 centers of Ba Vy and Thu Duc, but it was reported by several children in Chu Chi, and also in the 06 center in Ba Vy. A 17-year old boy there noted that older students use drugs secretly in their rooms, buying needles in the school health center nearby or receiving drugs and needles from visiting family members; several other boys in Chu Chi confirmed this. A girl in Chu Chi said:

After they visited home, they returned to the center and brought (drugs) along by swallowing it in the stomach, and taking it (out) through the digestion way.
17-year old girl, Chu Chi

A 17-year old boy gave an alarming report of injecting drug use practices in the center; a staff member in Chu Chi also confirmed this practice:

In the area of the older adolescents, they have drugs; in the area for younger children they do not have. One needle is used to inject for many people. They use a small eye drops bottle to make the liquid for injection.
17-year old boy in Chu Chi

Sexual behavior and experience

In the 05 centers of Ba Vy and Thu Duc, as well as the all-male 06 center in Ba Vy, nobody said that sex between boys and girls was possible, or reported any, due to the fact that boys were either not present or strictly separated from girls. The situation in Chu Chi, where boys and girls work and study together (but they stay in separate sleeping quarters), the situation is different. Several boys said they had heard about girls getting pregnant there, who were then sent home; this was confirmed by a staff member. One girl in Chu Chi confirmed that sex between boys and girls happened, but that it was done in secret:

(They have sex) at the workplace, when they are outside (in the field), in the toilet of the school, because when they study they are in the same class. Sometimes they are discovered, in some cases they were caught in action but the supervisor did not punish them. I see often they conceal for each other and do not inform the supervisor.
17-year old girl, Chu Chi 06 center

A 17-year old boy in Chu Chi said:

They have sex with each other when they go to work at the daytime and at night. Each day there are 3 shifts to work in turns, when supervisors don't pay attention, they take each other to another place and have sex immediately. (…) When they study in class, they sit together and make a date. When teachers don't pay attention, they go together to the toilet to make love.

A 16-year old boy, when asked where boys and girls could have sex, said:

In the corner of classrooms, dim places or bushes when they go out to take care of the cows. (…) They do it quickly.

Homosexual behavior between the girls in Ba Vy, Thu Duc and Chu Chi does occur – it was mentioned in many interviews and in the group discussions as well, for example:

Sexual intercourse between different sexes is impossible (in Ba Vy) as there is no chance. Males and females live in separate places. Bigger sisters kiss and hug each other when sleeping. Sometimes they have sex when sleeping, in the evening, or in the toilets.
18-year old girl, Ba Vy

Some girls show their emotion with each other. At night they have sex on the bed. When people are asleep, they kiss each other and make love.
17-year old girl, Chu Chi

I heard that they could have homosexuality in the hall on the second floor where people can gather to watch TV. They used to have sex at night. Some were discovered, but I did not hear of any punishment I did not want to pay attention to this as I do not want to have a conflict with my friends.
18-year old girl, Thu Duc

One girl in Ba Vy said it was difficult to have sex between girls because '*even at night, everywhere is lit, and Red Stars*[18] *come into rooms to check*' (19-year old girl in Ba Vy).

Almost all interviewed boys in Chu Chi and Ba Vy 06 center noted that boys have sex together:

They can make sex at the bathing area or in their rooms during lunch time, when everybody else is eating. They can make homosexuality. When somebody comes, they pretend to be playing something together. (…) (Some boys) can receive money for having sex.
17-year old boy, Chu Chi 06 center

I was oriented by friends about homosexuality at the beginning. I could not believe it then. But it is true. They can have homosexuality in the toilets or in the sleeping room at midnight. Nobody makes a problem about it. It is normal for us to share beds as we do not have enough beds. In winter, they can have sex inside the blankets. My friend told that he was forced to have sex with an adult. Normally, they use pipe cigarettes to make (other boys) have sex (with them). They have sex with their mouths and anus.
19-year old boy, Ba Vy 06 center

They stay in the same room and have sex together, they have sex through the anus, when other people go out for lunch, or in the toilets.
(Another) 17-year old boy, Chu Chi 06 center

{They have sex) in the room. At night when people are asleep they come to sleep with each other. (…) They are not discovered because they know when the teachers come or not. We see it, but let it be and don't tell teachers about that.
(Yet another) 17-year old boy, Chu Chi 06 center

None of the centers provide condoms; since the children can not go outside, all the sexual contacts reported by the children and adolescents in the centers must be assumed to have happened unsafely, which is a concern considering the fact that many of them may be infected with HIV due to their work as sex workers or their history of injecting drug use. It is a harrowing thought that boys who need cigarettes may (be forced to) engage in sex with older men – possibly anal sex - in the center, as one of the boys reported.

[18] Red Stars are room supervisors.

Other forms of HIV risk

Similar to the group discussion among girls in Thu Duc, one girl in Ba Vy suggested the possible risk of infection through needles; not by sharing needles for drug use, but for embroidery:

We are learning embroidery and there are a lot of needles used by different people (…). We may (be stuck by) other needles; if a needle is already infected, there is possible risk
19-year old girl, Ba Vy

A boy in Chu Chi noted a potentially dangerous tattooing technique:

We used to make tattoos in building #4. We sterilized the tattoo needle by heating with a lighter. We used toothpaste for tattoo ink.
17-year old boy, Chu Chi 06 center

The same boy mentioned that during fights, boys sometimes stab each other with knifes and sharp objects, causing bleeding wounds.

Misconceptions

Some common misconceptions were also voiced during the in-depth interviews:

I was taught that HIV infection occurs in three ways, including trimming nails and cutting hair. I learned 3 days per week, for 5 weeks.
17 year old boy, Chu Chi

Some people (are at risk of HIV because) they share tools such as manicure, pincers.
16 year old girl, Chu Chi

A girl in Thu Duc seemed to confuse HIV infection with active TB; when explaining that girls in the center there are not at risk of HIV she said:

We do not share personal things. HIV positive people always cover their mouths with their hands when they go out.
17-year old female, Thu Duc 05 center

The same girl also appeared to think that she could identify who had HIV and who had not:

I think it is good if we all know who are HIV positive and know how to protect ourselves. We sometimes recognize them from their appearance or they themselves tell us about their HIV status.

An example of exaggerated fear of transmission was given by a 19-year old boy in Ba Vy 06 center:

There are many HIV people living in our rooms. They could be infected if leaning against the same place against the wall if they both have cuts on their backs.

Another boy in Ba Vy said:

I saw many HIV people staying next door in the health centre. I think HIV can be transmissed through food, sharing cups, bath basins or fighting.

Sexually transmitted infections

Many of the girls in Ba Vy 05 center complained about STI symptoms; they say there is some treatment for STI from the health center, but the hygienic conditions are poor; they need "*hygienic washing fluid*[19] *in order to help us completely recover from illnesses"* (participant of focus group in Ba Vy 05 center). They clarified that they did not get STI in the center, but were already infected when they came there.

It is possible that the girls have problems with their reproductive organs, and that they mistakenly think they have STI – because staff said that all girls are screened for STI upon entry in the center, and that those with STIs are given treatment (Ba Vy staff member interview). The complaints of the girls are perhaps related to the dirty washing water, or other hygienic concerns.

HIV prevention in the center

The children think the centers are doing some good things to educate them about HIV, but most say it is not sufficient. It is often fear-based and has moral undertones. As one girl in Ba Vy put it, '*I was provided with knowledge about HIV through political and moral talks'* ('civic education') (19-year old girl, Ba Vy). Another girl in Thu Duc seemed to have internalized the fact that she was 'bad', saying:

Organizations should provide us education on improving our social evils.
17-year old girl, Thu Duc 05 center

I think UNICEF should provide documents for us to read in our free time such as in Saturday afternoon and on Sunday
17-year old boy, Ba Vy 06 center

[19] The dirty water with which girls need to wash themselves in Ba Vy was a recurrent complaint in almost all interviews. In Thu Duc girls also complained about a lack of water. Some girls complained of rashes and pustules and were worried that these could be an HIV transmission route. A medical staff in Ba Vy estimated that in summer, 30% of the children suffer from skin diseases in the center.

The HIV related information that is provided should be 'deeper', according to one other girl in Ba Vy. A 17-year old boy in Chu Chi, as a result of these moral teachings, appeared confused when he said '*I learned that HIV can be transmitted through heterosexuality, homosexuality and blood transfusions*'; another girl said '*sexuality will cause HIV infection, I don't remember…*' (17 year old girl, Chu Chi). Of course, it should be explained that sex in itself does not transmit HIV; but that only unprotected sex with an infected partner does.

Many HIV messages are provided through the institutions' loudspeaker system. A 19-year old boy in Ba Vy 06 center commented:

> *The centre has communicated HIV messages through loudspeakers and education. But the given information is poor and not new. I would like to recommend that the information on HIV should be updated.*

A 17-year old girl in the 05 center in Thu Duc commented that '*I did not understand the jargon, but I was afraid to ask*', indicating the limitations of 'loudspeaker education'. Another 17-year old girl in Thu Duc commented: '*The teachers use difficult jargon, and the methodology is not active*'. The same girl was one of the very few in this research who reported to have received counseling at the center. She did not like the experience:

> *Teachers[20] used very difficult language and I did not understand. I did not want to continue the counseling.*

> *I am not very interested in the HIV topic. I just participated in the education upon the requirement of the centre. I forgot every thing when the lesson closed. I think we should have group discussion on HIV that helps us to remember better than sitting and listening.*

19-year old boy, Ba Vy 06 center

A 17-year old boy in Ba Vy 06 center seemed to believe ignoring the issue is safest when he said that '*I don't pay attention to this issue because I don't want to be infected.*' A 19-year old girl in Thu Duc was more positive; when asked about counseling for reproductive health she answered:

> *The staff are friendly and give good counseling. I have never asked about reproductive health, but about other things I have.*

[20] The fact that this girl called the counselor a 'teacher' is an indication of the distance that apparently existed between counselor and 'counseled'; this 'status difference' would have to be broken down before any meaningful counseling could take place.

One 17-year old boy in Ba Vy 06 center who admitted having had sex with another boy before coming to the center, said:

I used to have a meeting with students of the University of Health. We did talk a lot on HIV transmission and prevention. However, I do not know how to prevent HIV transmission for MSM

When asked what should be done to improve HIV prevention and care activities in the center, a 17-year old boy in Chu Chi said:

(Agencies) should provide us with more training on HIV/AIDS and ways of taking care of HIV/AIDS infected people so that we can know how to take care of each other, such as washing clothes and feeding our friends. (…) Medicines should be provided for HIV/AIDS treatment, and deeper knowledge about caring for HIV infected people should be provided.

A girl in Ba Vy also mentioned that staff in the center needs better understanding about HIV/AIDS. Another girl said:

We want the content (of prevention education) to be more diversified and suitable for us. All friends in the center have a bad family background. We have just finished primary or junior secondary school. Therefore we find it difficult to understand.
18-year old girl, Ba Vy 05 center

Some girls in Thu Duc said they wanted to attend HIV education lessons, but perhaps not for the right reason:

P1: We want to attend the HIV education lesson, as we can receive 32,000 VND per lesson. The course was funded by Nany (?) and Red Cross.
P2: We just received money, but not understand the lesson.
P3: The lessons were good. We liked it. (…) We just can have an opportunity to learn about HIV transmission which was not available when we lived outside (the center).

One Chu Chi boy said the center was not doing enough to prevent HIV among students: '*Children should go to school so that they can read and write and learn about HIV prevention*' (17-year old boy in Chu Chi). It is interesting how this boy links HIV/AIDS to literacy – a relatively recent insight among people working in HIV prevention.

One other boy in Chu Chi thought peer education would not work, saying that '*students listen only to teachers. They will not listen to me if I am a communicator. They do not respect me enough*' (17-year old boy, Chu Chi 06 center).

A girl, indicating the need for HIV prevention activities to be active and 'fun', said:

(Agencies from outside) can provide better methodologies that are more active. They should provide further support. If they end their support, we do not have fun any longer.
17-year old girl, Thu Duc 05 center

HIV/AIDS care and support and confidentiality

Two boys in Chu Chi commented on treatment and care of HIV patients:

There is no HIV treatment in the school. The people who developed AIDS are referred to outside hospitals for treatment. But they are just considered as deaths.
17-year old boy, Chu Chi

Positive people who got sick were taken to the school health center or referred to the outside hospital and died there.
17-year old boy, Chu Chi

The same boy also commented that he was not sure if he would tell teachers if he knew he was HIV positive: '*I am not sure if the teachers can keep a secret*', and he said '*I wonder if doctors can inform me if they know I am infected*'.

A 17-year old boy in Chu Chi said he would not disclose his HIV status if he were positive:

If I were infected, I would keep it secret because I am afraid that my family members would feel disappointed in me, and I would be avoided by other people. If supervisors know, they will keep it secret for those who don't live in the same room with me, but not those who live in the same room. Because they are afraid that other people will discriminate me.

Most of the children, however, say they would trust the teachers with their secret if they had HIV.

Another 17-year old boy told the interviewer that he took care of a friend who was dying of AIDS in his own room:

I was the person who directly took care of him. The clinic provided medicine only, but my friend couldn't recover from the disease. (…) HIV infected people need our sympathy and love of everybody.

Other issues about life in the 05/06 centers

Some of the girls in Ba Vy complained about abuse by the 'head of the room'; one of them also told about severe punishments meted on some girls by the employees:

The head of my room often gets angry and reproached me, and hit me on the cheeks and by using two sandals on both of my ears. She forced me to (…) clean the room and dispose of the waste water. If employees find out, they will interfere and stop the beating. (…) Employees place a heavy punishment on fighting; they often beat us with clubs or (…) keep us in a small room for 10 days without having a bath.

Girl in Ba Vy

A girl in Chu Chi encountered a similar problem, but the situation improved after reporting the supervisor in question to the management:

In the past a supervisor often hit us and did not respect us. Since the new dean came, she was not a supervisor anymore. We have talked with the management board so now we are respected more.

16-year old girl, Chu Chi

The girls in Ba Vy also complained about the heavy workload, and they said they needed spiritual help. In contrast to the focus groups of girls in Chu Chi and Thu Duc, the girls in the 05/06 center in Ba Vy say HIV vulnerability within the center is smaller than outside, due to the strictness of the management and their strict separation from boys. Most individual interviews in Thu Duc seemed to also say that risk within the center was smaller than outside. In fact, despite many complaints about it, some girls were worried about the lack of supervision when they are released:

"I have to stay here for another month before I can go home, but I don't really want to go home because my parents are in jail. I'm afraid I will get addicted again when I am out"

Female participant in focus group discussion, Ba Vy 05/06 center

A 17-year old boy in Chu Chi said:

Living in the school is not much different from outside. I just feel uncomfortable with the food and the school regulations. (…) I sometimes have conflicts with friends, but we are mainly happy. Half of me wants to stay in the school, and half wants to leave here.

Another 17-year old boy in Chu Chi said:

I entered the center willingly. (…) I feel that life here is safe. I don't want my family to know (that I am here). I want to stay in the center to study and have vocational training. I don't want to go home.

Others were less positive:

I was caught by police when selling pictures on street. I was tested and found to be addict. That was why I was sent here for drug rehabilitation. I do not like to stay here. I was beaten when arriving here a week ago by the head of room for no mistake at all. Food is not enough. I was not full even I finished all foods what was provided.
17-year old male, Ba Vy 06

The girls in another focus group discussion in Ba Vy urged the management to separate them from adults in the center:

Let us live together and separated from adults, because we can get to know each other more easily. The adults have different opinions and ideas, so disagreement happens quite often. We do not need to and should not learn some bad experiences from the adults
Female participant in focus group discussion, Ba Vy 05/06 center

A boy in Ba Vy 06 center agreed:

I have to live in a room with many people including adults and children. Each person has different characteristics, which causes many conflicts between us, and children suffer from this issue. I can tell that I did not learn any good thing from this centre. I have to live with the adults who have bad backgrounds such as addicts, criminals, etcetera. I sometimes have to witness the conflicts and fighting between them. Every day, I have to do the work of sewing footballs, making false oney for worship, (activities) that are not practical for earning a living when I leave the centre.

Several interviewed girls in Ba Vy and Thu Duc urged the management to separate people living with HIV/AIDS, making them sleep in a different room, indicating their fears of PLWA. A girl in Chu Chi also asked for separation, but for a more humane reason:

There should be a separate place for HIV infected people so they can be treated better, many people die here without going (for treatment) outside.
17-year old girl, Chu Chi

An 17-year old girl in Thu Duc said that '*HIV positive people should stay in separation and have better food*'.

A 17-year old boy in Chu Chi said HIV risk there was higher than outside. He added:

> *We have to share needles to inject drugs, or fight each other. Everyday it happens, when they are angry, they fight each other.*

Most others interviewed in Chu Chi said the same. In contrast, in the 05/06 centers of Ba Vy and Thu Duc center most children thought the HIV risk of children inside the center was lower than that of children staying outside:

> *Outside people can inject with each other or have sexual relations with prostitutes. Here these are prohibited; there are no tools for injection and no prostitutes*
>
> 16-year old boy, Ba Vy 06 center

Results of the staff interviews in the 05/06 centers

HIV risk and vulnerability

Staff were interviewed in all four centers. Most staff in Ba Vy 05 and Thu Duc agree that the HIV risk for the children in the center is low. A medical staff in Ba Vy 05 explained that there is no sexual intercourse, no drug abuse, no sharp objects given to the children and *children have their own toothbrushes* (Female medical staff, Ba Vy 05) – again evidence of the stubborn Vietnamese misconception that toothbrushes can transmit HIV, even among medically trained staff[21]. She said the only possibility for HIV transmission she could think of was bleeding skin rashes (which must be considered an extremely low risk indeed). She added that 27 infected children in the center, aged 8-11 months old, are kept in a separate ward.

Another staff remarked '*3 children have to share 2 small beds, therefore the the possibility of homosexuality exists.*' (administrative employee, Ba Vy 05)

An education staff in Thu Duc explained:

> *Of course, there is no heterosexuality in the center as there are only girls. Male staff are not allowed to manage students. They just work as guards. During family visits, theywere under supervision of staff and checked every 15 minutes.*

One staff in Ba Vy 06 – reflecting the negative attitudes towards homosexuality found in many others – said:

[21] One of the girls interviewed in Ba Vy asked the interviewer whether HIV could also be transmitted by sharing toothpaste…

We have not discovered any homosexuality so far. But we can not guarantee. There was one guy who had such behavior and was separated from others. He is now living alone in a different room.

In Chu Chi the situation is very different – like the students, staff also report that HIV risk in the center is high. As an 28-year old education staff said:

There are high risks of HIV transmission in the center, as students usually do tattoos which they do in secret. There is also homosexuality in here; they can do it at night or during bathing. There are also chances for heterosexual sex (…) in toilets when they are attending classes, or during labor. Many girls got pregnant. Drug use usually happens here for different reasons, it happens in different ways.

Another Chu Chi staff member agreed, saying:

In their free time, children find ways to make tools for injecting each other, sharing the same tool without sterilizing it. (…) Before entering the center, most of the children are affected with strange behaviors such as homosexuality. The center finds it very difficult to manage what is going on.
Male medical staff member in Chu Chi

A third Chu Chi staff member, involved in health care, elaborated on the issue of homosexuality:

Homosexual relations among girls count for 1 or 2 %. Expressions (of homosexuality) show that boys would like to be called elder sister and girls call their (female) partner by a male name and call her elder brother. Girls like to wear male clothes and vise versa.

She continued:

In the center there are two cases of being pregnant. The risk of mother-to-child transmission is very high in the center because the living and working environment is limited. The HIV infected children are not kept separately so risks of being infected are very high. Younger children live with the elder ones so they are affected by behaviors of the elder ones.

In Ba Vy 06, a health staff pointed to the risk of unsafe use of tattooing needles:

Ways of HIV infections in this center are mainly through tattooing by learners. They like tattooing very much. At the beginning, when they arrive at the center, we check if they have tattoos and on which places on the body, and we save this in computers. Later if learners continue tattooing, we can check.

Another (education) staff in Ba Vy 06, however, said that '*there is no tattooing happening here*'.

Responses to HIV, as reported by staff

A female staff in Ba Vy explained what the center is doing about HIV as follows:

The center integrates lessons about HIV/AIDS into the official curriculum. Some children now have fear for the virus, after the lessons. We also have peer education. We have chosen some children who are enthusiastic and capable to take part voluntarily. They go through short courses on HIV prevention and then report it back to the others.
Educational staff, Ba Vy 05 center

Interesting in the above quote is the assumption that making children 'afraid' of HIV is a positive development; this is usually considered unhealthy (see below). An education staff member of the Ba Vy 06 center explained about the activities there as follows:

There are many education ways of HIV/AIDS: once a month, each group of around 100 learners is organized and provided with knowledge on HIV/AIDS ways of infection, prevention, using condoms in forms of playing and entertainment activities as "Magic Hat" and some other programs. Group consultations are organized for new comers, with contents prepared by the center together with documents. Education staff directly implement programs. Most of new learners are forced to attend because very few of them are willing to participate. Their awareness is still limited.

An educational staff member in Chu Chi explains how the center there responds to HIV:

We provide reproductive health care education that includes information on HIV (…). There are some activities (like) communication events, dialogues and contests on HIV. There is also peer education. There are different trainings for teachers and students, based on their level, age and sex. Students do not have a good understanding about the importance (of this) so they are not much interested in it. (…) It is necessary to improve HIV communication with further investment in human resources and for counseling. There should be in-depth training for teachers (…).

A health staff in Chu Chi comments on this issue:

The children feel very happy and eager to take part in the (HIV/AIDS) activities. Capacities of children to understand this information are very different. Some of them understand very well (… but) even they understand very thoroughly but their actions are strange because most of them think that they are already infected. They understand the issues but couldn't do anything. Therefore, their attitude is very careless. (…)The content of education programs are adequate

but in my opinions they know but don't understand so we should organize more regularly and in more diversified forms such as carnivals, role plays.

Another education / management staff in Chu Chi said:

In my opinion, it is necessary to organize activities regarding HIV/AIDS for children more regularly. The important thing is to be creative in the way to organize it. The activities should be able to attract the active participation of children, then they could be effective.

An education / community reintegration staff in Thu Duc said that many children there are illiterate, making HIV education challenging. For that reason, the center promotes group / sharing activities, where students do not need to read or write. As challenges in HIV prevention programming she reported:

We need better IEC materials, such as leaflets, posters, booklets, et cetera. IEC materials need to be updated and must be more specialized (to the children in the center). The staff have basic knowledge about HIV only, they need further training.

In Thu Duc, a health staff reported that the center had received support in the development of a curriculum related to HIV/AIDS. Another educational staff in Thu Duc said:

We provide 2-3 STI checks per year, by doctors invited from the Pasteur Institute. If the students do not have serious symptoms they can receive treatment from the center's health service. Otherwise they are referred.

Thu Duc center recently received support from a foreign organization:

We recently had support from Norway to organize a one month training course, which used participatory methodologies. The students enjoyed this very much and were provided 16,000 VND per lesson. The course was focused on HIV knowledge and counseling on condom use.
Educational staff member, Thu Duc 05 center

Another staff in Thu Duc also mentioned this activity, and that the students enjoyed 'the visual activities' as well as the incentives. Furthermore, he said every day at 16:00 HIV messages are broadcast via the loudspeaker system. Sometimes activities are organized in collaboration with the Youth Union.

However, an older medical staff member in Chu Chi did not welcome involvement of foreign organizations in improving HIV programs in the center:

Education methodologies are adequate. Foreign organizations should not participate because they will make things more difficult.

All other staff interviewed welcomed the participation of foreign organizations in improving HIV/AIDS related activities in the 05/06 institutions.

Regarding care for people with HIV/AIDS, a staff member in Thu Duc gave an answer representative of the situation in all four centers:

We do not give any special care or attention to HIV people as we do not want to cause any difference between the students. Positive people keep working and studying like others if they are healthy. If they are sick, they can take a rest and treatment from the center's service, if it is not serious. Otherwise, they will be referred to an outside hospital, accompanied by a staff

Education staff, Thu Duc 05 center

In Thu Duc, only treatment for opportunistic infections is available; there is no ARV treatment, according to the health officer. HIV testing and counseling is free. About 20% of the women in the center are reportedly HIV positive. People who need ARV are referred to the hospital.

Almost all staff members agreed that child participation was a good thing, except one older medical staff member in Chu Chi (quoted above about foreign organizations that make things difficult), who said:

Children don't need to participate; only supervisors do, because we are adults so we understand. In many cases, children don't know or their contribution is not of good quality.

A medical staff in Ba Vy said:

In the first three months in the center, children are taught about HIV/AIDS twice a week in moral and legal classes.

Medical staff, Ba Vy center

Indeed, many of the HIV messages provided to children have a strongly moral undertone. This is not always a good thing, as it may lead children to believe that people with HIV are 'bad' – it may also lead them to underestimate their own risk for HIV, since few people tend to view themselves, or their sex partners, as 'bad people'.

Staff in Ba Vy agreed that it would be better to separate adults and children, especially when it comes to HIV education:

Education of HIV is not effective because small children and adults are placed together and then learn everything together. They should be separated and learn in a different group of the same age, but there is not enough facilities and personnel

Female management staff and teacher, Ba Vy

Many staff across the four centers pointed out that there is a lack of brochures, VDOs, flyers, posters and so on – some of the staff appeared to question the approach of HIV prevention promoted by the centers, which is very strong on the promotion of transmission knowledge and fear, but weak on training in lifeskills and (avoiding / influencing) the context in which this transmission takes place.

One male staff called for support of international organizations in *using new methods of communication, possibly having children's participation* (45 year old male staff, Ba Vy) to replace the current posters, slogans and the radio system with messages. A staff in Thu Duc said '*materials are not sufficient and activities are not diversified enough*' (educational staff).

Many staff did receive training on HIV/AIDS, but it appears all trainings were relatively short and quite superficial. Whereas some staff were confident, many others also expressed the opinion that they were not qualified enough to provide HIV prevention education. The chief of the health center of one of the 05/06 centers said:

I have been trained for many times but I am still very confused.

Another staff suggested that the knowledge provided in trainings is not useful:

I have only used 10% of the provided knowledge, the rest of the knowledge I can't apply, because it lacks practical aspects

Regarding abuse (sexual or otherwise), most staff agreed that this does not happen; one staff, however, remarked:

I think, in some centers, there is child abuse, including sexual abuse. However, no such problems happened in this center as we have only female staff working with the students.
Education / community reintegration staff, Thu Duc

One staff in Thu Duc pointed out that counselors play an important role in the centers, not only by providing counseling:

Regarding community reintegration, the counselors play very important roles, as they have to bridge students with community people.
Another education staff, Thu Duc 05 center, tasked with community reintegration

What was surprising in Chu Chi, especially, was that while most staff acknowledged that sex between boys and girls may occur, and sex between boys certainly occurs, none of them suggested that condoms be provided in the health center.

Conclusions and recommendations

Despite the best intentions, the 05/06 centers do not invest enough in HIV prevention, care and support education, let alone sex / gender education. There are not enough specialized / trained people employed in the centers, and the messages conveyed to the children in these schools are the same as those conveyed to adults; they are not age specific, not gender specific and very focused on transmission routes, and not on the context in which HIV transmission takes place. A more balanced 'menu' of messages needs to be developed – for adults and adolescents separately – and staff in the centers need to be trained to convey these messages.

Fear-based teaching of HIV/AIDS seems still very prevalent across Vietnamese institutions, despite evidence that instilling fear in people does not help them towards decreasing risk behaviors or reducing vulnerability – in fact it can lead them to feel hopeless, or that it is inevitable that they will become a 'victim' of HIV. A 17-year old boy in Chu Chi gave the perfect example of this, saying '*I do not want to learn about HIV, as I am afraid that I would know to be infected.*' Experience in several other countries has taught us that scaring people off never helps them to accept a message or a new behavior, or accept their own risk or vulnerability in a positive way.

Many messages also have a strong moral undertone, implying that 'bad people get HIV.' A health staff in Thu Duc suggested that '*HIV education should be combined with the education of dignity'* – he implied, no doubt, a strategy that would strengthen the implicit link between being not dignified / bad and HIV/AIDS.

Fear-based teaching and moral messages tend to increase the stigma and discrimination of people living with HIV/AIDS, and should be also be discouraged from the prevention perspective as ineffective and unhelpful.

Considering the relatively high HIV prevalence in the 05/06 centers, it is of utmost important that condoms are made available – be it to make sex between girls and boys, or between boys and boys – safer. Prohibiting condoms in the center is like prohibiting a seatbelt to an underage child who steals his father's car and takes it for a ride. Of course, the underage child should not drive. But when it does, it has to wear a seatbelt. The same goes for children in institutions – they should not have sex, but this research clearly shows that sex happens – and therefore rather than just prohibiting it, or tightening the rules further, condoms should be made available to those who need them.

Building young people's self esteem, not by focusing on how 'bad' they are or were, but on positive aspects and qualities of their personalities or their life, would help increase their self esteem and may decrease the likelihood of relapse.

In this regard, it is important to link the message of HIV prevention and stigma reduction to real-life concerns of the young men and women staying at 05/06 center. Many young people are concerned about their life when they leave the center, and are afraid they will relapse. Integrating HIV messages into a program of lifeskills, which would include techniques to enhance self-esteem, techniques to resist negative influences from peers, communication skills and some analytical skills to avoid situations of vulnerability would probably have a better effect on making children less vulnerable than explaining about toothbrushes and needles (although having correct knowledge about transmission is of course also important).

Training of institution staff was found to have occurred randomly and ad-hoc. This is the result of a lack of coordination between NGOs and international / UN organizations in designing and offering training workshops on the one hand, and the lack of existence of a management capacity building plan for staff in institutions on the other hand. It would be good to properly assess the knowledge and skills of institution staff in providing HIV prevention, care and support education; not only focusing on fear-based transmission and 'moral' messages, but also looking at lifeskills and the context in which transmission takes place.

Based on such an assessment, a minimum package of knowledge and skills, based on what is already in place, should be agreed on for institutional staff, and a capacity building plan could be developed by the management of the center. With such a plan in hand, the center could contact Vietnamese or international training institutes for assistance.

Such an assessment should also include a test of attitudes of staff towards the children they work with; it is possible that some of them have negative attitudes towards the children they work with. This is an obstacle if they are to help young people build stronger self-esteem and skills in communication, dealing with peer pressure and avoiding situations of vulnerability.

In terms of care and support for people living with HIV/AIDS, it is necessary to improve care and nutrition for this group in the centers. It is not clear to what extent people who need ARV do actually have access to drugs. According to staff, when people get very sick they are referred to the hospital; however in a closed institution it must be doubted whether this system is adequate, also given the distance that exists between the children and the staff. Several children reported that friends had died in the center, or had been so sick before being referred and brought to the hospital that their life could not be saved. Some children said that some medical staff are unfriendly to them. It would be much better if the health facilities in the centers themselves could be upgraded and ARV treatment could be provided in the centers themselves. Qualified medical staff from the hospitals could visit the centers one day per week, during which

people living in the center with HIV and those who are on ART could be monitored and checked.

On the positive side, all staff in the 05/06 centers, and many children too, welcomed the idea of having more and better training in different aspects of HIV prevention and vulnerability reduction. Many staff and children are positive towards the idea of better child participation in the design of HIV programs and materials; but there is a need for guidance in designing appropriate child participation processes, since children often feel not free to speak openly in front of staff, whom they are trained to respect.

I wish…

We should have sufficient bathing water so we do not have scabies – 19 -year old girl, 05 center, Ba Vy 05 center.

I really want teachers in this center to treat us more friendly for new comers because when I came here I felt very sad and lonely so we really need their affection. – 17-year old boy, Ba Vy 06 center

Boys and girls should be allowed to freely meet and talk with each other, once a week, including those who have to detoxify. – 17-year old boy, Chu Chi

The food ration of the small children with HIV/AIDS should be increased. 18-year old girl, 05 center, Ba Vy; many others also said the food should be improved

I want to live more independently. We should not need to ask for permits when leaving the living area. We used to have this kind of independence when I entered the school. – 17 year old boy, Chu Chi 06 center

*We need help to find suitable jobs when we leave, so we will not be addicted again - 1*8-year old girl, Ba Vy 05 center

Doctors and nurses should give thoughtful and enthusiastic care for us, especially for those who are infected with HIV – 18-year old girl, Ba Vy 05 center

Medicines should be provided to HIV/AIDS infected people so they can live longer – 17 year old boy, Chu Chi.

Eliminate the punishment that does not permit children who do not complete the standard workload to have a bath and wash their clothes. I have tried all my best but I could not complete the task as required. – 19-year old girl, Ba Vy 05 center

Our education programs should be more focused, the vocational training should be more practical so we can live on that when we leave the center – 17-year old girl, Chu Chi

There should be regular events such as play, film and music. It is important that people should have a relaxed sitting position. I once joined a film event and could not stand the sitting position as I was not allowed to move arms or legs – 17-year old boy, Ba Vy 06 center

Children should live separately so that they can avoid the conflicts with adults.- 19-year old boy, Ba Vy 06 center

Chapter Seven

HIV vulnerability in the Reformatory Schools

Introduction

Reformatory schools are 'closed' schools where juvenile offenders are sent to by the administrative or criminal systems. There are four of these schools in Vietnam, each with between 600 and 1100 pupils. Between 1995 and 2005, over 14,000 juvenile offenders were sentenced to the reform schools. According to the SITAN - UNICEF report (2005), compared to the number of children in conflict with the law criminally sentenced, the number sentenced with administrative sentences is four times higher.[22] This means that the majority of the children in this category (75%) are dealt with by the administrative system, which applies administrative measures ranging from community based education and warning to placement in reform schools. In addition, the majority of crimes committed by juveniles are petty crimes such as theft, snatching and robbery not involving violence. Although serious crimes including rape and drug related crimes committed by juveniles are not high in comparison to petty crimes, figures are increasing.[23]

Government policies for children in conflict with the law are based on alternatives to detention: the use of detention and imprisonment is a measure of last resort, particularly for first time offenders and non-serious crimes. Although both administrative and criminal justice systems generally use community-based education (except for serious crimes; repeat offences and street children in conflict with the law); reports show that they also increasingly send those children to reform schools.[24]

In this chapter, the living situation and HIV vulnerability of children in two reformatory schools will be discussed: the one in Long An, and the school in Dong Nai. The data will be presented as follows:

- Description of children in reformatory schools from the quantitative survey;
- Description of daily life in the reformatory schools, from group discussions;
- Results of the institutional checklist for the reformatory schools;
- Findings from interviews with children;
- Findings from interviews with staff.
- Conclusions

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22 Juvenile Justice Situational Analysis, 2005, UNICEF; Institute of Law Research; MOJ; pg 24. Training Manual on Juvenile Justice, 2005, CPFC; UNICEF, chapter 4, which quoted the Ministry of Public Security 2004 figures.

23 Juvenile Justice Situational Analysis, 2005, UNICEF; Institute of Law Research; MOJ; Pg 45

24 See Juvenile Justice Situational Analysis, 2005, UNICEF; Institute of Law Research; MOJ

Background of the children in reformatory schools

The randomly selected 14-19 year old children in the reformatory schools (N=80) were older, on average, than in the 01 centers, but younger than in the 05/06 centers (reflecting the fact that most of the inhabitants of the 05/06 centers are adults). The average age in the reformatory schools was 17.0 years old, equal to the average age in the entire sample. 83.8% of the samples taken from two reformatory schools were boys. 93.5% of young people in the reform schools reported to have been there for less than 2 years; the average duration was 0.73 years and 5.4 months, which was the lowest of all groups, together with the 05 centers. 35% reported to be going to school at the time of the interview, which was lower than the 01 centers (76.3%) and the 06 center (42.9%), but higher than the 05 center (18.8%).

The average number of years of education the children had had was 5.2 years, which was the lowest of all groups of children in this study.

In terms of risk behaviors, 46.2% of the children in the sample reported to have had sex (78 out of 80 answered this question); 41.5% of the 65 males and 69.2% of the 13 females in the sample. 20.5% of the children in the sample reported to have a history of drug abuse; 1.3% (1 person) reported to be on drugs and 78.2% said never to have used drugs. Children in 05/06 centers reported significantly more, and children in 01 centers reported significantly less drug use.

A medical staff in Dong Nai said that blood samples of 'high risk children'[25] are tested at the Pasteur Institute. Out of 269 samples sent to Pasteur since the beginning of 2006, 9 were HIV positive. A senior management staff in Dong Nai reported that '*in 2004, 50% of blood tests were HIV positive (158/245 children who used drugs). At present, the number has reduced due to decree 142/2003/CP, under which children with HIV are sent to medical centre instead of this school.*' It is not clear whether only children using drugs were tested in 2004, or whether this was the staff person's own perception. In Long An, the head of the counseling team said there 13 HIV positive children in the school (out of a total of around 1200 students) – she said that the center was '*processing the procedures for them to get out*'. .

Daily life in the reformatory schools

Like the children in the 05/06 centers, but unlike the children in the 01 centers, the children in de reformatory schools can not go outside the center unsupervised.

The female focus group in Long An reported that they wake up at 5.30 AM in the morning; they take a bath, clean their room, some people are tasked to water the

[25] The staff explained that counseling and testing were '*done based on the criminal record of each child and based on the remarks of the teacher in charge and other children*'.

vegetable garden. Breakfast is served between 6 AM and 7.30AM; then the children study either in academic class or in vocational class. In summer there are 'club activities' in Long An. Lunch is between 11 and 12, and siesta is held between 12 and 13:00; from 13 till 17:00 there are classes again. Then there are house keeping tasks between 17 and 19:00, dinner between 19:00 and 19:30, followed by washing dishes, studying and watching TV; at 23:00 the girls have to sleep.

The boys in Long An reported a slightly different schedule, which is probably in order to separate them from the routine of the girls: they wake up at 5 AM, take a bath, do morning exercise, have breakfast between 5.45 AM and 6:00 AM, and work between 6 AM and 10:30 (work includes planting vegetables, sewing, making bamboo mats, cracking nut shells, cooking, construction and making mosquito coils); there is lunch at 10:30 – 11:10, followed by a nap (11:10 – 13:00). Then they work again between 13:00 and 16:45, they have dinner early at 16:45 – 17:45; then they have a roll call and have time to play between 18:30 and 21:00; they watch TV for an hour and sleep at 22:00.

In Dong Nai the schedule for girls and boys was similar in that the girls were 15 minutes 'ahead' of the boys, in order to separate them during bathing and meals.

The female focus group in Long An reported that smoking and drinking alcohol are forbidden and do not happen in the school; they also reported that there is no sex in the school.This was a big difference with the male focus group in Long An, which reported that sex occurs between boys and girls during the lunch break and siesta. The male group in Long An reported that '*while sleeping, some children masturbate and some ejaculate on others as a joke, but some have scabies and scratch till bleeding*'. They also reported risk through fighting and bleeding wounds. The boys also reported that smoking is common among them; they get cigarettes from drivers, or they collect cigarette butts from the street while they are working. Team leaders are assigned to go outside to buy things, and they also buy cigarettes to exchange for food or money with the boys in the center. Like the girls, they reported no alcohol or drug use. They did, however, say that courtship, love and sex happened in the center, especially during lunch time. As the participants of the female FGD in Dong Nai said:

G2. *All of the 7 girls here have boyfriends. It is possible to go on with love affairs but not sex because we are watched by the Red Stars and teachers in the evenings. Couples in love often talk around the fountain.*
G7. *Teachers here are very strict. During our free time, teachers don't watch but the one on duty does.*
G3. *We usually hug and when we see the teachers we push ourselves apart. We often arrange dates at the corner of the Room of Tradition as it is dark and out of sight.*

Participant in the male group discussion in Dong Nai said:

N3. *Often those who are given numbers like the Red Stars*[26] *and those who have cigarettes find it easy to approach the girls in Vo Thi Sau group.*
N2. *Those Red Stars who are given free movement can visit the girls.*
N2. *They usually have sex while standing, they cannot do it in bed.*

The group said sex between girls and boys happens in dark places, along the staircase of the Room of Tradition, or near the room for punishment. It usually happen between 18.00 hrs and 20.30, sometimes, during noon between 11.30 and 13.00 hrs.

When asked whether homosexuality occurred, one boy in the Long An group gave the following answer:

No homosexuals (here), but some masturbate for each other and some have anal sex.
Male FGD, Long An RS

When the groups were asked about STI, they said:

Some feel itching and swelling in the genital area, but they do not know so they do not ask for treatment. Some had a big gland in their groin, it gradually became as big as the core of a mango, it had pus. They went to the clinic to extract the pus and have medicine. But some hide their diseases and do not come to the clinic.
Male FGD, Long An RS

Standards of confidentiality may be a problem in the schools, as the below statement of one of the girls in a focus group indicates:

The station here doesn't have equipment. I had an infection in my vagina and it was under treatment before coming here. I was going to have it re-checked when I had to come here. But I did not dare to tell the teacher. I dare not ask my relatives to get me bottles of hygienic washing fluid because they must go through a thorough check. All the school will learn of my disease because it is a rule that if one knows, all will know.
Girl in female FGD, Dong Nai

The female group discussion in Dong Nai said that 5 out of the 7 girls present during the discussion smoked; as one of the participants said, '*I smoke because I feel sad. Sometimes I do not have anyone to share my sadness*.' Another one said that '*we girls say we'd better divorce our husbands than to give up smoking'.*

Those who are going to end their terms often buy them to treat others. Sometimes, we ask the cowboys of Tran Van Dang group (?) to buy (cigarettes)

[26] 'Red Stars' are those who are entrusted by the school with the job of making checks and role calling, and reporting incidents to the teacher-in-charge

for us. When relatives visit us, they hide tobacco in foods that they bring, we sometimes swallow them, later get it among waste in toilet. We often smoke in our rooms during sleep or rest hours, upstairs or in toilets. Tobacco is usually kept in our personal effects cases; when there is a check, we burry it underground.

Participants in male focus group, Dong Nai

The Dong Nai girls reported that some boys can produce alcohol themselves, by putting fruit and sugar and water in bottles to ferment it. Sometimes they apparently mix painkillers or anti-flu medicine with this drink. One girl said that sometimes they smuggled bread out of the breakfast room, and mixed it with medical alcohol and fruits to drink: '*it has a strange smell and taste, but drinking it helps us gain better sleep*'.

One of the boys in the Dong Nai focus group said:

We don't drink the usual kind of alcohol that others drink. We drink the self-made one. We mix water with medical alcohol or mix headache killer 325 with water, or we put all kinds of fruits in a soft-drink bottle and leave it for some days before it is ready to drink. We drink during sleep or rest hours from 18.00 to 20.30. After drinking, we feel dizzy, some have headaches: some go to sleep, some make fuss, others go to Vo Thi Sau group for a chat or just flirting.

No drug use was reported in both schools.

When asked, the boys in Long An said that they thought children outside the school were more at risk for HIV than those inside. The girls in Dong Nai agreed; one said '*This is a reformation centre, not a rehabilitation one, so there is no risk*.'; another one said:

Girls outside the centre change boy friends often. Here we stick to one, and we only talk with each other. How can there be a risk.

Participant in female group discussion, Dong Nai RS

The boys in the male group discussion agreed:

Children outside these institutions are more vulnerable as they are free to do anything at anytime, having sex and injection anytime they want; they easily get involved with other children.

Participant in male group discussion, Dong Nai RS

Interestingly, the boys in Long An said that they found the extracurricular activities related to HIV/AIDS 'funny', especially a condom demonstration that they had witnessed, which used a banana as a penis model. However, they suggested that the number of activities is reduced, as they found three times per week too much. They said they preferred one-on-one counseling, making it

easier to speak freely. One of the girls in Dong Nai agreed; while the focus group that she was part of appreciated the extracurricular activities that were organized in the school, she said:

> *The best place for us to get advice on private matters is a counseling room.*
> Female participant of group discussion, Dong Nai RS

The girls in this group also suggested to invite '*outside groups to come and exchange and communicate about HIV*.'

Results of the institutional checklist in the reformatory schools

Upon admission, children in both schools are medically examined and their personal history is assessed. Some children are tested for HIV without consent. No recovery or treatment plan is developed on admission. In Dong Nai, children and adolescents are totally separated from institutionalized adults, and are also separated based on age and offence; in Long An, this is not the case.

The note taker remarked that dividing children into different groups of ages was done relatively in Dong Nai, as there are 50 -70 children living in one room – the same situation was found in Long An. The division of children is mainly done upon their health status. However, the younger children can stay in groups which are located near the female group. There is only one female group. They live in one room and have lunch and diners before boys do, as was confirmed by the focus group discussions above. The female children live separately from adults and boys. Only direct teacher and shift supervisors can supervise and provide care to them. Girls can play with boys during spare time under the supervision of teachers and shift supervisors. They are locked inside their room from 8h30 pm till next morning.

There are no beds in Dong Nai or in Long An; children sleep on the floor in certain places which they are assigned to. They can not change the sleeping place themselves. There is a toilet and water tank inside their room.

In Long An, children live together in different groups. There are different 16 groups, of which there is one female group. There are three groups of children under 14 years old. Boys can join playing with female friends in classes, labor areas, the canteen and during some events. Children are supervised all the time, even during the time they sleep. There is one direct teacher sleeping in next door room. They are all roll-called at 9h00 pm before going to bed.

In both centers, children do not have their own individual beds; they have to share (Long An) or sleep on the floor (Dong Nai). Bedding was deemed inadequate in both centers.

In both centers, children are not allowed to attend schools outside, but they usually go to school within the center itself. The curriculum for education does follow the national school curriculum. Both schools issue certificates for completed education, which indicate the type of school where the certificate was obtained.

Teachers, vocational trainers, counselors / social workers, and health workers are reportedly available in both schools; in Long An there is also a psychologist, according to the reporter of the institutional checklist there. Staff received training on Vietnamese laws and regulations, child psychology and child rights in both centers. In Dong Nai all staff are trained on HIV/AIDS; in Long An some. In both schools, some staff are trained on first aid and on counseling skills.

In both Dong Nai and Long An, children have to work, which is considered a kind of education. They are trained in sewing, making sleeping mats, producing coal for fuel, processing cashew nuts, planting vegetables, and cooking. They all have achieve a certain output; if they can complete extra labor, they are rewarded with 70% of the extra earnings, but they are punished if they do not complete their target output.

Children have time for daily exercise in both centers; there are outdoor playgrounds and in both schools there are artistic and cultural activities for the children. In both centers, there is no access to the internet for the children.

In Dong Nai, nutrition quality and quantity were deemed sufficient[27], but not so in Long An[28]. In both centers, there are no staff trained in first aid, and children have no access to dental care in both schools.

In both schools, some (not all) children undergo compulsory HIV tests upon arrival, without being counseled pre- or post-test[29]. Children, whether positive or negative, are not told the results of the test. HIV positive children are not provided with ARV treatment in both centers. In Dong Nai, it is explicitly prohibited in the institution's regulations to discriminate against children and adults living with HIV/AIDS, but in Long An it is not. Both schools say they provide HIV prevention education to the children, and there are trained

[27] Several children disagreed, though. One 14-year old boy in Dong Nai said that '*the quality of food is bad. The soup is black while fish is mixed with sand. No one can eat it. We had to go to the fire place and boil soup of wild vegetable (picked up in the centre). We may eat instant noodle (given by the families)*.'

[28] Some children complained about the food in Long An. A 16-year old boy in Long An said '*the food here is not good. Nobody dares to have fish. There is only vegetable, no soup at all.*' However another 16-year old boy said '*meals are good enough, I rarely feel hungry.'*

[29] A 19-year old boy in Dong Nai reported that 'Teachers carried out a blood test. They picked up 20 children in each group to do a blood test, without explanation. Teachers did not give the result (to the children).'

counselors in both schools for children who need them. As in all other institutions in this study, there are no condoms available in the health center or anywhere else; children do not have a way to buy condoms or obtain them otherwise from outside the center[30]. Primary health care services, including STI check-ups, are available in both schools.

In both schools, children can receive weekly visitors, but not in private. Children can communicate with the outside world by phone and mail. Some children are allowed to go on home leave for 7 days to visit their family, if they behave well and perform well in school.

In terms of punishment, slapping / hitting, placement in a dark cell, restriction or denial of contact with family members, and labor punishments are common in both schools. In Long An, reduction of diet[31] is an allowed punishment practice, but in Dong Nai it is not. Both schools are regularly inspected by independent agencies.

Regarding the exit process, no reintegration or aftercare plans are developed for the children after they leave in both schools. No system for monitoring and follow-up is in place for both schools. Children do get a health check-up before leaving in both schools, and counseling.

Apparently those who are HIV positive are told the result of their blood test as soon as they check out from the school. It is unclear what kind of psychosocial or medical support is arranged for the HIV positive children once they leave.

[30] Indicating that there IS a demand for condoms, 14-year old boy in Dong Nai said that '*some children hide condoms which were handed out as an illustration during lessons about reproductive health.'*

[31] A girl in Long An reported that this punishment was meted out for boys who had been caught drinking alcohol, alongside with other punishments.

Results of in-depth interviews with children in reformatory schools

Case study, 17-year old boy, Dong Nai reformatory school

My family has a lot of children but we lived happily together. My parents divorced when I was 9. After my parents divorced they did not care for me much. I left school, went traveling then came back home. I was caught for stealing. After leaving school, I did not do any job as I didn't want to. At grade 6, I quit school as I could not afford the tuition fee. My grandmother encouraged me to continue studying and I did want to, but my family was too poor. In the centre, I will continue my study in September. After quitting school, I often went out and drank coffee with friends who had left school. Due to the lack of money, my friends induced me to steal. In the centre, I have a little time playing, only Sunday.

My friends dragged me to steal in order to get money for playing. I have been caught 10 times for stealing TVs, motorbikes, cell phones, etc. Each time, police asked my parents to come and apply for bail. Since I have been caught so many times, the police decided to discuss with my family to send me here. My family agreed with them. When entering this centre, people investigated my profile. I went through a medical check and was put into a new group. I was taught the regulations. The life is normal. The policemen are very nice. Sometimes, a few people in the group threaten and bully me but I do not worry and am not scared. But I'm depressed as I miss my home very much.

Case study 2 – 17-year old boy, Long An

I was taken to this centre for fighting many times and after many warnings. When being caught, my father signed in the report. When entering this centre, I was put in the "white house" where teachers asked me about myself, checked my luggage and asked me to have a medical examination. I joined in Group 2. My health is fine. When being caught, I felt sad and afraid that I might be beaten. I missed home. But when living here, I am not beaten.

When joining in group 2, I am scared the others could beat me but no one did so. At the beginning, I couldn't eat anything. Friends in group 2 encouraged me. After 1 week, I no longer felt afraid. I think the centre trains me well. Teachers also treat me well.

3 days after entering the centre, I learned the regulations of the centre for 15 days. My parents come and see me every week. They bring me instant noodle and salt because the dishes here are rather tasteless.

Tobacco, alcohol and drugs

As was clear from the focus group discussions discussed above, smoking is common in the center.

When families come to see us, we tell them to give money to us. They will swallow the money and take it out when going to the toilet. We spend money buying cigarettes from people who are allowed to go outside to tend oxen (very

expensive, VND 100,000 for a few cigarettes). We give them money in the evening to buy cigarettes.

17-year old boy, Dong Nai

Smaller children like us picked up cigarettes and smoke the rest or asked others to give us. Families sent them through food, shoes. We could buy from some friends who went out to graze oxen or make cashew. The price fluctuated from VND 50,000 to VND 100,000. Tobacco can also be divided into small parts to be sold with high price, but there were some friends who still bought them.

14-year old boy, Dong Nai

Some teachers smoke, and dropped their cigarettes in the yard. I picked them up and smoked the rest. Some friends who go out to work bring cigarettes back, and sell them for 25,000 VND[32] *per piece.*

18-year old boy, Long An

Offenders, children in Long An reported, are beaten several times with a long bamboo stick – up to 20 lashes[33].

Alcohol use was reported in both Dong Nai and Long An. One girl in Dong Nai said alcohol was put in a Red Bull tin; another boy mentioned tonic tins being used for this purpose; yet another boy said XTC pills were used, mixed with the alcohol:

Fruity wine with sugar. They put pills 325 (extasy) into a glass of fruity wine. (…) They were punished in front of all members in the center, and had to make a report.

18-year old boy, Dong Nai

This was confirmed by another boy. When asked what happened when friends got drunk on this mix, a 16-year old boy said:

Most of the time, they fall asleep. Some of them fight with other groups. Some followed girls to hug them. (…) The ones who were drunk (and caught) were sent to the disciplinary room for 5 days.

Another girl noted the creativity with which alcohol can be smuggled into the center, usually by visiting family members:

[32] Prices apparently fluctuate. Other children mentioned 60,000 VND per cigarette; one boy said 100,000 – 150,000 VND per cigarette.

[33] The head of the counseling team in Long An denied this, saying that there is '*absolutely no beating*' of children taking place in the school; later, she admitted that '*in a few cases, teachers slap the children so they are aware of their mistakes*.' Another staff clarified that some teachers beat children, but that it is officially not allowed.

Parents brought some wine concealed as a soft drink. (…) They drank in a group. The wine was hidden so the teacher could not find out.
17-year old girl, Long An

None of the interviewees mentioned drug abuse in Dong Nai, except one occasion as related by a 14-year old boy:

Some friends who came back from days off swallowed drugs and took them out in the toilet. The price was higher than that of tobacco (…). But it is rare. In my group there is a small child who has already used drugs. Living here with drugs, he might be addicted again.

It seems, however, that the strict controls imposed by the center against drug smuggling work well.

Sexual behavior and experience

It is difficult to have sex in the reformatory schools, but not impossible. The Dong Nai school tries to discourage sexual contact between young people by locking them up in their rooms at night and by having 'spies' report any misconduct to the management. Still, some children have sex with each other during the lunch break or during work / school hours:

A girl in Son Ca group had sex with a boy in Phan Dinh Giot group. They were punished and their names were announced through the loudspeaker.
19-year old boy, Dong Nai RS

Some of them (boys) did not go to have their meal. They were at their rooms and then secretly entered the female room. (…) Some of them did not use condoms, One time, a girl got pregnant.
16-year old boy, Long An RS

In the past, Mr T (…) worked for the Red Star group in the centre. He went to the female group when people were having meals and had sex with girls in VTS group. He had sex behind the disciplinary room. He used condoms so that girls would not be pregnant.
16-year old boy, Dong Nai RS

Boys went to the female groups and they might have sex[34] there. Girls there were experienced. (…) (They have sex) whenever they want, after study and labor time, at noon, in the evening. It is rarely discovered because they had some friends to watch out for the teachers. Sometimes they are discovered, then they are punished by cleaning, or they would be beaten and sent to the dark room for 5 days.

[34] He later clarified that he thought the sex included 'usually kissing and hugging, not sexual intercourse'.

17-year old boy, Dong Nai RS

When teachers go out, they can have sex in the female room on the upper floor. If the teacher comes in, they can hide in the female toilet. I have seen boys enter female rooms 3, 4 times. There are no condoms here.
17-year old girl, Dong Nai RS

I was told that they had sex in the kitchen. I can see all love couples, as my group room is opposite to the female room. In the past, there was a love couple in the centre. After leaving the centre, they got married. In the past, I heard that there was a Red Star member having sex in the KD room when we went out to play. He was discovered and reported to teachers, so he could not be Red Star anymore. (…) Punishment depends on the teachers. Those whose families give the teachers a lot of money may get less punishment. I heard the names of people who were punished through the loudspeakers.
14-year old boy, Dong Nai RS

Some of these stories may be 'urban legends' – some children interviewed in the center said that they thought sex between girls and boys did not happen in the school, at least not often – but almost all of them said it occurred occasionally.

For example:

There is no risk here. There are no drugs, no one infected with HIV. Very little sexual intercourse happens.
Male, 17 years old, Dong Nai

Some people discovered that some elder boys and girls had sex with each other at the girls' rooms. But one of them graduated already.
16-year old boy, Long An

Homosexuality between boys and girls was reported occasionally:

In the female group, there are some homosexuals. They hugged and kissed in the group. All members in the group know. It is abnormal. I don't know whether they can be treated. There are a few gays who act as a girl, but I don't know where they had sex.
14-year old boy, Dong Nai

There did exist (homo)sexual relationships. They often have sex in the bedrooms. (…) They use their hands to have sex. (…) When the teacher discovered this case, he did not know what to do, so he had to ignore it, with no punishment.
16-year old boy, Long An

Other HIV risks reported

A focus group discussion among boys in Long An reported that during one of their work activities, cracking nut shells, bleeding wounds are easily caused by some of the equipments used.

Fights happen often in both schools. During fights, sometimes the boys stab each other with scissors or other sharp objects – some of the steel tools that they use for processing cashew nuts, for example. As a boy in a group discussion in Dong Nai said:

During sleep time, we often fight with an awl or pricker, pricking one person with an awl, then using the same awl to stab another, (which could) lead to infection. As the door is locked, they can't run away. When someone is wounded, he kicks on the door to call a teacher.

One of the participants of a focus group among girls in Dong Nai reported:

Earlier, some used needle to make tattoos. They used one needle for many boys. They mixed some thing with tooth paste and made a tattoo on a boy. They did it hastily. I tried to tell them the way but they ignored me. Now, tattoo is not done here because those who had tattoos were punished, getting warning in front of the whole school. And the tattoos were removed somehow.

Some friends, mostly the ones from the city, who have already used drugs when living outside, they may have HIV. Many friends made tattoos for themselves. Some used the ink in pens, or smashed coal in the kitchen. Some others burned stuff made of plastic and then mixed it with toothpaste. The needle was brought by the visitors, or they stole it while in tailor class. Teachers discovered some of them and asked them to remove the tattoos by drop latex of cashew (??) into the tattoos. The latex would make them itch so they scratched a lot and it became scabies. Some was forced to wrap paper around the tattoos and burn it until it became scabies. Later on, it became a scar.

14-year old boy, Dong Nai RS

One boy reported on a friendship ritual, where boys cut and mix each other's blood to become 'brothers':

Some friends cut others by knives to show that they are superior and they will become brothers. These actions caused bleeding. Who knows anyone is infected with HIV or not.

17-year old boy, Dong Nai

A 14-year old boy in Dong Nai reported that some children bribe teachers in order to become Red Stars.

If we want to be a Red Star members, we have to give bribes to teachers. Red Star members can watch others, check individual boxes and have sticks to beat others. They can take away cigarettes, drugs from us. Sometimes, when having a nap at noon, they called us to the duty room and beat us. There are 10 Red Star members in the centre. I don't want to play with them as I'm afraid of being called "son of a bitch".

In case teachers were interested in sexual favors from children, such a situation could cause HIV vulnerability.

HIV programs

Most children reported to have been exposed to some form of awareness raising about HIV/AIDS, usually via the loudspeaker system. Some children found this useful; others did not. An 18-year old boy in Long An said:

I expect the activities of HIV prevention should be organized in funny ways. Many students did not pay attention enough to the activities. They did not read the provided materials. I think they are fed up with the existing plays and quizzes. These should be changed.

One boy in Dong Nai said:

The radio is broadcast at 8 pm so very few people listen to it because we are busy playing, chatting. The performance of the communication group is boring. We don't like to sit in the yard to watch such boring plays.
17-year old boy, Dong Nai

The boy said the school is not doing enough on HIV prevention; the information was 'boring' and should be more in-depth. He suggested that outside groups should do it, to make it more exciting. Another boy commented on an outdoor HIV activity which was organized recently:

Some other friends and myself do not like the program at all, but we were forced to join in. (…) *I think it is enough. Lessons are carried out regularly and there are detailed documents. The problem is that we do not want to know more about this issue.*
17-year old boy, Dong Nai

When asked who he would ask if he had a question about HIV/AIDS, he answered:

I would ask my friends, as I want to keep my questions a secret. There are experts and a counseling service in the center, but I will not ask them as I do not want to get in trouble.

Several children said they would not ask anyone, as they were shy to approach the teachers or health workers:

I haven't been to the counseling service so I have no idea. But if needed, I will not dare to go and get counseling
17-year old boy, Long An

Other children in the center said they would feel comfortable asking the medical staff or teachers.

Some misconceptions were also found among the children, for example:

In the past, there was a person who was infected with HIV, but he used the same toothbrush or clothes with other people
17-year old boy, Long An

Results of the staff interviews in the reformatory schools

All staff in Dong Nai said it is impossible for the children to be involved in sexual activities. The children are well supervised – even in off-duty hours. A senior management staff revealed that a 'spying system' is in place:

We have a group of informers consisting of a number of students who were trained to secretly watch high risk behavior and report to the scouting and people-on-duty.

In Long An, a similar system exist. Nevertheless, a staff in Long An suspects that sex between boys and girls happens, but that they cover for each other so that the teachers can not find out. On the issue of homosexuality, the management staff quoted above said:

We have some gays before but when discovered, they were reported to the leadership and punished accordingly. They had to write self-criticism reports and got the warning in front of the school. Their cases were recorded in their profile files.

One staff in Long An mentioned homosexuality as well:

Boys used to have homosexuality. They fondles their penises, took off their clothes when sleeping. Girls could do so, but more secretly.
Education staff, Long An

The only risk for HIV transmission Dong Nai staff could foresee was due to fighting; a senior medical (!) staff in Dong Nai seemed to imply that sleeping on the floor is an HIV transmission risk:

Children with HIV can transmit the virus to the others in daily life as they all sleep on the floor, because there are no beds. No blood test was done on them before they entered the school. They often fight each other, causing bleeding. Children with skin diseases sleep and embrace others. No drug use, homosexuality and sex. (…) Blood tests for HIV are carried out for children who show symptoms, because it is very expensive[35].

46-year old medical staff, Dong Nai RS

In Long An, staff generally agreed that HIV transmission risk through sexual contact is non-existing.

According to the staff, the school in Dong Nai has carried out a number of activities, especially in recent years, including loudspeaker announcements, counseling, extracurricular activities and lessons in reproductive health[36]. The school has a communication peer group including 20 children, one from each group. These children received a basic course; their task is '*to help teachers access to and provide information for children in their group*', as a teacher described it. This peer group meets once a month and distributes forms to the children if they need counseling (see below). The school invites outside groups a year to come to provide information and artistic performances, often during big holidays. The center's counseling room is supported by UNFPA and the counselors have received training from UNFPA as well.

In Long An, children are provided training on reproductive health, which is part of the education program. They also receive leaflets about this topic, according to the staff there. The health care center also organizes contests and quizzes about HIV/AIDS, and speeches are broadcast thru the loudspeaker system.

Many children interviewed were rather negative about the current activities; a teacher, however, claimed that '*children are very interested in reproductive health, drug abuse and HIV/AIDS. The most difficult thing for us during class time is they are of different ages. Very small children do not understand. Another difficulty is that there are too many of them so it's very noisy*.'

A headmaster in Long An said, when asked whether HIV/AIDS education in the center is sufficient:

There have been activities, but not enough. It needs to be strengthened and provided with more equipment and materials to attract children to participate. Other (…) organizations should actively cooperate and establish long-term projects because children come in and leave frequently.

[35] According to other data collected in Dong Nai, all children are in fact tested when they come in, which is compulsory. Also, blood tests for HIV are not expensive nowadays in Vietnam.

[36] Materials in reproductive health and citizenship education were compiled and used in all reformatory schools under the Ministry of Public Security, including teachers' books and leaflets.

The medical staff in Dong Nai said there were 5-6 cases of STI that needed to be referred per year; gonorrhea can be treated in the school's medical center. Another staff said about this – showing a certain level of disdain towards the children in the school:

> *The children are very experienced in discovering STI, sometimes more experienced than employees.*
> Administrative / management staff, Dong Nai RS

The medical staff in Dong Nai reported on the school's confidentiality policy:

> *Those who are HIV positive are informed only to director of the school and the head of medical station. They carry out ordinary life activities like the others. When they leave, the school informs this to the local authorities and relevant bodies. As they live together with others, it's difficult for prevention. It's easily spread to children around them and the school employees. The medical station has medicines to treat opportunistic infections for HIV patients. When they get TB, they are sent to hospitals.*

Children who are considered 'at risk' are tested for HIV upon admission to the schools. Another staff in Dong Nai did not agree with the policy of informing local authorities of a child's sero-status after the child is discharged – he said:

> *The local authority should not be informed about the children's state of disease because it will affect their life when they leave the school and come back home.*
> Administrative / management staff, Dong Nai

However, he contradicted himself when he said, a minute later, that '*local authorities must test the blood of children before sending them to this school, in order to prevent transmission*.' Another staff in Dong Nai said that he wished that '*local authorities should have a correct attitude towards the children. They should consider them as school children instead of "children returning from prison"* (Senior management staff, Dong Nai).

One staff in Dong Nai also said that some teachers need education to ensure that they treat children with HIV equally good as healthy children. It was unclear how a teacher could know that a child was HIV positive if, as both staff said, only the head of the medical station and the director knew about the child's status. In fact, one staff in Long An said that also 'direct teachers' of the HIV infected child were involved, and he added that '*the information was sometimes leaked*'. Another staff, who was a teacher herself, commented on this; again, it seems that in contrast of what was found in the institutional checklist, not every child is tested upon arrival in the school, but that only certain 'types' of children are tested – often based on prejudices about how an HIV positive person looks or behaves:

Teachers do not know who has HIV as it is confidential. Only the principal of the school and head of the medical centre know it. Every year, two or three groups of experts come to the school to take blood tests, each time for about 100 children. The list of these children is written by teacher-in-charge who selected names of those who have used drugs or show sign of HIV.
Teacher, Dong Nai RS

As became clear from the institutional checklist already, those who have HIV are not told the results of the tests, even if they are on treatment for opportunistic infections:

Those with HIV don't know they have the virus. Those who have opportunistic infections are given medicines for treatment, but they don't know the cause of the disease. We can't isolate them because of the Health Ministry's regulations. We support those with HIV with some additional money but they have to live in the same way as the others.

When asked whether the institution provides activities/service of care and treatment for children/adolescents infected with HIV, the head of the counseling team in Long An answered:

This is the responsibility of health staff, because other staff do not know who these children are so we do not know whether they belong to special care group. One informed that he/she used to have a sexual relationship with one who died from AIDS. The child received counseling only; having a test is based on the child's willingness. No child ever asked for being tested. Children are informed that this is annual health test, not HIV test. (…) More support (for counseling) from outside is needed because many children are having serious illness. The center does not have a doctor, or medicines such as ARV

For children who need counseling, there is a counselor in the Dong Nai RS – however, there was nothing anonymous about it:

Children who need counseling fill in a form with the issue they want to get counseling on, and the counselor they want to meet. During the duty hours, the counselor will announce the names of the children through the radio system. The counseling activities have been carried out for about 2 years. It proved to be effective and has improved the teacher-children relationship. For example, some children during counseling often cry while sharing with counselor about their situations.
Teacher, Dong Nai RS

This system likely leads to children who already have a good relationship with the staff to access counseling easily, whereas children who are distant from the teachers and staff, those who are bullied or have 'embarrassing' problems will

not access counselors if their names are going to be called over the loudspeaker system, with all their friends present.

Some of the staff seemed to have exaggerated fears for the possibility of transmitting HIV through skin diseases or fighting among the children. Some negative judgments about the children in the school are also implicit in the statement below:

I'm afraid of the risk of getting the disease. Teachers have to find ways to prevent for themselves because sometimes teachers have to hold children's hands to help them write.
Teacher, Dong Nai RS

When children fight or have accidents leading to bleeding wounds, others help them with the bandage without fearing that they can possibly get HIV. Some of them think their lives are finished when they come here, so they don't need to protect. Some children who have skin infections often borrow friends' shirts to wear. In addition to fights, some bite each other when they are playing.
Administrative / management staff, Dong Nai

Teachers and employees also have the risk of getting HIV because they play football with the children in which they may fall and have contact with their bodies.
Senior management staff, Dong Nai

This negative attitude towards the children was found in several staff interviews. Many staff mentioned, for example, that they thought children sometimes feigned illness out of laziness, in order to escape duties and work.

The medical staff in Dong Nai seemed to realize that his own knowledge was in need of updating, as he said:

It's necessary to hold courses in protection and care and treatment of HIV/AIDS because the (current) propaganda and communication are not enough. We and children need deeper knowledge. Medical workers graduated a long time ago. Therefore, they have not had access to new materials about HIV/ AIDS.

A teacher in Long An agreed; he said teachers should be given better skills to teach HIV to children, and tools to enhance their teaching. He added that children should be consulted in the process, or that a thorough assessment should be conducted. Some work –supported by UNFPA and the World Population Foundation – is ongoing in this regard. A teacher in Dong Nai added:

I think the school needs to be helped to hold a deeper course in HIV/AIDS for employees and teachers. Or teachers can be sent to another place to learn. And when they return, they will teach other employees and teachers.

Most staff in Long An and Dong Nai welcomed child participation in improving HIV programs in the reformatory schools; some doubted whether children had enough knowledge to contribute, though.

Conclusions and recommendations

In general, it can be said that while living conditions for the children and adolescents leave a lot of room for improvement, HIV vulnerability in the reformatory schools is low. Homo- and heterosexual contacts occur, but not frequently. No injecting drug use was reported. Some risk may occur from fights – especially when sharp objects are used causing stab wounds in different persons, in quick secession.

Most 'HIV risks' described by children and staff in reality have no or extremely little chance for transmission of HIV – many people talked about scabies, scratches, children hugging each other, or wearing each other's clothes. Transmission of scabies is very likely in this way, but not transmission of HIV.

Children in the reformatory school are most at risk from the misconception that people with HIV look thin and pale (only 11.3% knew that this is not true); only 62% knew that a healthy looking person can have HIV. But in general, the children scored rather well on the HIV knowledge test.

It is likely that the children are more at risk when they were outside the school – and therefore, it is likely they will face increased HIV vulnerability after being discharged from the school. This means that the period at the school could be utilized to prepare them for this increased vulnerability in the future.

Ongoing HIV activities, mainly propaganda slogans through the loudspeaker system and ad-hoc extracurricular activities, are not well liked by the children and (partly as a result) are less effective than they could be. Possibly, the messages broadcast on the loudspeakers are things that the children already know. It is important to enhance the messages being provided to the children, moving beyond mere facts about transmission or non-transmission to messages and attitudes related to gender, sex and people living with HIV/AIDS; there should be an increased focus on lifeskills – including skills on anticipating 'danger', negotiation skills and critical thinking skills; other activities should focus on enhancing self esteem of the children. As a first step, it is important that the negative attitudes of staff about children in the school are addressed. As one staff member put it very wisely, children should be regarded as 'school children' – perhaps school children in need of special attention – and not as prison inmates.

Some messages provided to the children may also be moralistic in tone, which could be less effective; other messages may be fear-based (see conclusions of Chapter Six).

It remained unclear what the testing policy of the schools is – i.e. who determines which child is tested and which child is not, and why; it remains unclear why testing was being performed. In both schools, only children showing 'symptoms' (which symptoms and determined by whom remains unclear) or children identified by teachers as being 'at risk' are tested – compulsory, and without counseling. Staff said that HIV positive children are not separated from HIV negative children, and that ARV treatment is not provided in the centers, only there is some treatment of opportunistic infections – without the children being told what the cause of their disease actually is. The question is, if no special care or support is provided to these children and to their families, why conduct tests?

Related to this, confidentiality is a problem, as acknowledged by many staff and also by some children. Officially, only the director of the school (one wonders why he/she should know) and the health center director know whether a child has HIV or not. But in practice, information appears to be leaked to a child's teacher – perhaps out of some misguided idea of 'solidarity' among the staff – some staff had exaggerated fears of becoming infected by holding children's hands or via other superficial bodily contacts; if staff believe that these actions can transmit HIV, it becomes logical that they will not keep information about a child being positive secret.

According to staff at both schools, when children are tested and found HIV positive, they are not told the result until they leave the school. It is unclear what happens next. It may come as a shock to a child to learn that he or she is HIV positive, and just at that moment he or she has to adjust to life outside the school. Worse, according to staff at both centers, local authorities in the home community of the child are informed about the child's HIV positive status, and it is most likely that these authorities will tell others in the child's community, making it impossible for the child to keep his or her HIV status a secret from family or friends, if he or she wished to do so. This may make reintegration into the community – difficult enough under normal circumstances – unnecessarily difficult for the child and for his / her family.

It would be better, first of all, to no longer test children who have not explicitly asked for an HIV test; for children who are found to be HIV positive, it would be better to tell them the result and prepare them for life with HIV/AIDS in the community; most importantly, standards of confidentiality need to be improved drastically, otherwise demand for HIV testing and counseling will remain almost non-existent, as is the case today.

A first and important step for improving confidentiality is reducing unfounded fears about HIV/AIDS, which were found among both children and staff.

Staff in the centers are hard working and often very serious about their work. They are interested to improve their skills and improve the living standards of the

children. Nearly all of them said they wished there would be better nutrition and living quarters for the children. Most of them also said they wished to have better training to do their job – especially in more diversified, child-centered and participatory HIV prevention, care and support activities.

A better system for monitoring and follow-up of children leaving the school may be key to both avoiding relapse of criminal activities, as well as reducing HIV vulnerability once the children are back in their own communities.

I wish….

I want to have a stable trade. I'm apprenticing hairstyling in the centre, I love it – girl in focus group discussion, Dong Nai

Hitting students should be stopped – 17 year old boy, Long An

Caning as punishment[37] *must be reduced because there may be other ways to help boys and girls become better* – girl in focus group discussion, Dong Nai

I'm afraid as I don't know what my life will be when I leave here for home. I fear that my friends will lure me back to the old path – boy in focus group discussion, Dong Nai

I'm afraid I'll have to stay here forever – boy in focus group discussion, Dong Nai

I'm afraid I could get the disease here and when I leave the centre, my friends will stay away from me – boy in focus group discussion, Dong Nai

The food portions need to be improved. Food safety is not good. We usually run out of water on Sunday and Saturday – 19-year old boy, Dong Nai

Hand out more gloves and sandals to bigger children when they go to crush cashew nuts. The feet and hands of many bigger children get pustules. Gloves should be given every week instead of every month. Many bigger brothers have to use their bare feet to smash cashews. – 14-year old boy, Dong Nai

[37] Girls are to be beaten 20 canes, while boys may gain up to 60 canes in "tu ma" way. "Tu ma" means the offender stands with four limbs stretched while the teacher beats his or her ass with a bamboo stick. Offender is a person who got involved in a fight or throwing stones at others.

Chapter Eight

Conclusions and recommendations

Almost three quarters of young people in institutions has been sexually active before or at the age of 18; more than 40% has been sexually active by the age of 16. Drug abuse was found highest in the 06 centers, but a significant part of adolescents in the 05 centers reported a history of drug abuse as well.

In general, it seems that compared to the other centers studied, the HIV vulnerability situation in 01 centers is relatively good; HIV vulnerability of children and adolescents staying there is quite low. Little sexual activity is occurring and drug use was not reported in 01 centers. The situation is different in the other institutions. In the 05/06 centers sexual contacts between boys, especially, but also between girls and girls and occasionally between boys and girls occur. In the reformatory schools, the situation was found more serious than in the 01 centers, but less serious than in the 05/06 centers.

In general, the institutions that were part of this study do not have enough resources to invest in HIV prevention, care and support, let alone sex / gender education. There are not enough specialized / trained people employed in the centers.

Considering the rather high reported HIV prevalence in the 05/06 centers in this study (and possibly in the RS as well), it is of utmost important that condoms are made available – be it to make sex between girls and boys, or between boys and boys – safer. Prohibiting condoms is like prohibiting a seatbelt to an underage child who steals his father's car and takes it for a ride. Of course, the underage child should not drive. But when it does, it has to wear a seatbelt. The same goes for children in institutions – they should not have sex, but this research clearly shows that sex occurs – and therefore rather than just prohibiting it, or tightening the rules further, condoms should be made available to those who need them.

In general, the HIV related knowledge of the children in institutions was quite good – they scored around 65% on the HIV knowledge test. It was best in the 05/06 centers (71%), and worst in the 01 centers (60%); again, the reform schools were in between. HIV prevention activities for young people should include the danger of sharing sharp objects – not only syringes for injections, but also razor blades or tattooing equipment.

HIV messages conveyed to the children and adolescents in 05/06 centers (as well as in the 01 centers and the RS) are the same as those conveyed to adults; they are not age specific, not gender specific and very focused on transmission routes, and not on the context in which HIV transmission takes place.

Fear-based teaching of HIV/AIDS seems still very prevalent across the researched institutions, despite evidence that instilling fear in people does not help them towards decreasing risk behaviors or reducing vulnerability – in fact it can lead them to feel hopeless, or that it is inevitable that they will become a 'victim' of HIV. A 17-year old boy in Chu Chi gave the perfect example of this, saying '*I do not want to learn about HIV, as I am afraid that I would know to be infected.*' Experience in several other countries has shown that scaring people off hardly ever helps them to accept a message or a new behavior, or accept their own risk or vulnerability in a positive way.

Many messages also have a strong moral undertone, implying that 'bad people get HIV.' A health staff in Thu Duc suggested that '*HIV education should be combined with the education of dignity'* – he implied, no doubt, a strategy that would strengthen the implicit link between being not dignified (read: bad) and HIV/AIDS. Attitudes of staff towards the children they work with were often found negative – both staff and children reported this. Negative attitudes towards sex workers and homosexuals were also found. This is an obstacle if they are to help young people (including homosexuals and sex workers) build stronger self-esteem and skills in communication, dealing with peer pressure and avoiding situations of vulnerability.

Many young people, especially those in the 05/06 centers and at the reformatory schools, are concerned about their life when they leave the center, and are afraid they will relapse. Integrating HIV messages into a program of lifeskills, which would include techniques to enhance self-esteem, techniques to resist negative influences from peers, communication skills and some analytical skills to avoid situations of vulnerability would probably have a better effect on making children less vulnerable than explaining about toothbrushes and needles (although having correct knowledge about transmission is of course also important).

A significant percentage of the persons staying in institutions have HIV. It is not clear to what extent people who need ARV do actually have access to drugs. According to staff, when people get very sick they are referred to the hospital; however in a closed institution it must be doubted whether this system is adequate, also given the distance that exists between the institutionalized youth / students and the staff. Several children reported that friends had died in the center, or had been so sick before being referred and brought to the hospital that their life could not be saved. It would be much better if the health facilities in the centers themselves could be upgraded and ARV treatment could be provided in the centers themselves.

It remained unclear what the testing policy of the reformatory schools is, and why in fact testing was being performed. It seems in Dong Nai all children are tested upon entry in the center, but in Long An only children showing 'symptoms' (which symptoms and determined by whom remains unclear) or children identified by teachers as being 'at risk' are tested – compulsory, and without counseling. Staff

said that HIV positive children are not separated from HIV negative children, and that ARV treatment is not provided in the centers, only there is some treatment of opportunistic infections – without the children being told what the cause of their disease actually is.

Related to this, confidentiality is a problem, as acknowledged by many staff and also by some children across the institutions. Officially, only the director of the center or of the school (one wonders why he/she should know) and the health center director know whether a child has HIV or not. But in practice, information appears to be often leaked. According to staff at both reformatory schools, when children are tested and found HIV positive, they are not told the result until they leave the school. It is unclear what happens next. According to staff at both centers, local authorities in the home community of the child are informed about the child's HIV positive status, and it is most likely that these authorities will tell others in the child's community, making it impossible for the child to keep his or her HIV status a secret from family or friends, if he or she wished to do so. This may make reintegration into the community – difficult enough under normal circumstances – unnecessarily difficult for the child and for his / her family. It would be better, first of all, to no longer test children who have not explicitly asked for an HIV test; for children who want to be tested and who are found to be HIV positive, it would be better to tell them the result and prepare them for life with HIV/AIDS in the community; most importantly, standards of confidentiality need to be improved drastically, otherwise demand for HIV testing and counseling will remain almost non-existent, as is the case today.

A first and important step for improving confidentiality is reducing unfounded fears about HIV/AIDS, which were found among both children and staff. Staff in the centers are hard working and often very serious about their work. They are interested to improve their skills and improve the living standards of the children. Nearly all of them said they wished there would be better nutrition and living quarters for the children. Most of them also said they wished to have better training to do their job – especially in more diversified, child-centered and participatory HIV prevention, care and support activities.

A better system for monitoring and follow-up of children leaving the school may be key to both avoiding relapse of criminal activities, as well as reducing HIV vulnerability once the children are back in their own communities.

All staff in the 05/06 centers, and many children too, welcomed the idea of having more and better training in different aspects of HIV prevention and vulnerability reduction.

Many staff and children are positive towards the idea of better child participation in the design of HIV programs and materials; but there is a need for guidance in designing appropriate child participation processes, since children often feel not free to speak openly in front of staff, whom they are trained to respect.

Recommendations

General recommendations

1. The Government, institutions and donor agencies need to invest more in HIV prevention education, care and support, as well as in sex / gender education for institutionalized youth.
2. Most focus in these efforts should be on the 05/06 centers and the reformatory schools. Less focus is needed on 01 centers, as HIV vulnerability was found significantly lower there than in the other institutions.
3. More coordination of donors and Govt agencies is needed in the provision of this support, based on an agreed-on Minimum Package (see below), which should be based on what is already in place, and could be different per institution type (for instance, 01 centers may have less acute need for condom provision than the 05/06 centers). A starting point would be the development of a capacity building plan for staff in institutions. With such a plan in hand, the center could contact Vietnamese or international training institutes for assistance.

Policy-related recommendations

4. Study the extent to which the new HIV/AIDS law in Vietnam may need a special chapter focusing on children and HIV/AIDS, including the aspect of vulnerability related to institutionalization
5. Based on existing laws and regulations, clear policy guidance for MOLISA and MPS should be developed (by MOLISA, MPS, MOH and related UN agencies) relevant to Institutionalized children, including on:
    - Confidentiality and privacy
    - Testing
    - Access to treatment
    - Access to prevention services

Recommendations related to capacity building and standard setting

6. A ‘Minimum package of interventions’, based on what is already in place, must be developed for institutions, with clear guidance for Institution staff. Such a minimum package may differ between institution types as appropriate.
7. Staff in the centers need to be trained using new messages and youth-friendly methodologies (see below)
8. There is a need for guidance in designing appropriate child participation processes, since children often feel not free to speak openly in front of staff, whom they are trained to respect

9. Clarify Government policies and guidelines on testing, making sure no compulsory testing occurs

Recommendations related to HIV prevention in institutions

10. HIV prevention activities should be intensified and diversified. There is a need for better HIV prevention information for both institutionalized youth and staff
11. Condoms should be made available anonymously, especially in 05/06 centers and RS
12. Prevention messages should specifically focus on male-to-male transmission and the risk of transmission in anal sex, as many youth appear unaware of this. It is better to include these messages in general activities, rather than trying to find young men who have sex with men to educate them directly; young MSM may prefer to remain invisible in the institution to prevent stigma or other forms of discrimination
13. Peer education / peer outreach approach should be considered, involving institutionalized youth not only as 'receivers' but also as 'providers' of HIV prevention education
14. There is also a need for additional IEC/BCC materials to improve the library – materials for illiterate children, or children with very weak reading skills, should also be considered.

Recommendations related to communication / messages about HIV/AIDS

15. Messages conveyed to the children in institutions are the same as those conveyed to adults. These messages should be made less moralistic and less fear-based by making them more:
    a. age specific
    b. gender specific
    c. Linked to the context of the children's life and background
    d. Clearly linked to particular behaviors (i.e. distinguish between 'anal', 'oral' and 'vaginal' sex rather than just 'sex')
16. Many HIV related messages provided to institutionalized children and staff working there seem to be fear-based. These messages have been found to be ineffective in helping people recognize their vulnerability and take positive steps towards behavior change.
17. Fear-based teaching and moral messages also tend to increase the stigma and discrimination of people living with HIV/AIDS, and should therefore be avoided.
18. Building young people's self esteem, not by focusing on how 'bad' they are or were, but on positive aspects and qualities of their personalities or their life may decrease the likelihood of relapse.
19. It is important to link the message of HIV prevention and stigma reduction to real-life concerns institutionalized youth. The best way to do this is to

involve institutionalized youth themselves in the development of these messages.

20. Diversify communication channels – moving away from 'loudspeaker education' and preaching towards real communication and dialogue.The way HIV is taught is currently rather boring (often by broadcasting propaganda slogans via the loudspeaker system), and the focus is entirely on transmission and non-transmission, not on contextual factors that influence transmission (i.e. sexuality, gender / power relationships, peer pressure).

Recommendations related to care, treatment and support

21. It is necessary to improve general health care and nutrition for PLWHA in the centers. Qualified medical staff from the hospitals could visit the centers one day per week, during which people living in the center with HIV and those who are on ART could be monitored and checked.
22. It should be confirmed that people who need ARV do actually have access to these drugs. This is not only the most humane thing to do, but since people with HIV are usually still sexually active, ARV treatment will make them less infectious; this is therefore also a sensible prevention strategy.
23. Stop compulsory HIV testing; improve pre- and post-test counseling facilities; improve confidentiality of HIV testing, and promote voluntary counseling and testing in all institutions. Anonymity and confidentiality guidelines need to be better enforced.
24. Stronger linkages between Institutions and the health care sector may be necessary to improve access to health care of children in institutions, especially in terms of ARV treatment

Recommendations related to after-care

25. There is a need for better monitoring and support that children have access to after release; this will help them to avoid relapsing
26. The best way to reduce HIV vulnerability, and help prevent relapse in case of 05/06 youth, is to strengthen the ability of these youth to resist pressures and urges they may have after their release. Building young people's self esteem, not by focusing on how 'bad' they are or were, but on positive aspects and qualities of their personalities or their life, would help increase their self esteem and may decrease the likelihood of relapse.
27. The family and possibly community social welfare staff should be involved in the drafting of an after-care reintegration plan, in consultation with the institution and the child him/herself.

Non-HIV/AIDS related recommendations arising from the study

1. Reinforce the policy that institutionalization should be a measure of last resort. Most children do not like to be in an institution, and feel lonely, lost, afraid and abandoned – none of these states of mind is likely to improve their life. Some children reported to have been put in a center instantly, without having been in conflict with the law before.
2. Separate children totally from adults, especially in the 06 centers, but also in the other centers.
3. Improve the nutritional situation for children, especially in the 05/06 centers and the reform schools; the budget for food needs to be increased.
4. Treat children for skin diseases, especially scabies.
5. Follow the regulation that children should have their own place to sleep, and not be forced to share a bed.
6. Follow the existing regulation prohibiting corporal punishment (including the punishment to withhold the opportunity to have a bath).
7. Improve education and vocational training facilities at the centers, increasing the likelihood that children will find a job after leaving the centers.
8. Reduce the workload, especially for those under 20 years old, and increase opportunities for leisure and personal development.
9. Improve the process of reintegration in the community by involving the child and his / her family in the development of a reintegration plan.

<u>Recommendations for further analysis or future research</u>

1. Further study should be made using the excellent data base on children in institutions that was the result of this study, focusing on correlations and regression analysis
2. More time could be allocated for the analysis of the qualitative data as well. Only 12 consultant days were spent on analysis and writing of this report.
3. For future research projects, more training must be provided to the researchers before the project starts
4. For a follow-up study, researchers should come from independent sources rather than from MOLISA and MPS
5. The topic of child abuse, including sexual abuse of children by staff, might need to be further explored. Due to the particular set-up of the current research, no or not sufficient information was collected about this issue.
6. Group discussions or participatory group activities should be conducted by young facilitators, that have natural report with the target audience
7. It should be considered to have a peer-to-peer research approach for future research projects conducted by UNICEF, in which young ex-drug addicts do research on drug addiction or in the detoxification centers, young ex-sex workers do research in the 05 centers, etc.
8. The research did not look into policy needs; a policy expert could be asked to review existing policies for young people in Vietnam and link advise for

the improvement of existing, or the development of new policies to the outcomes of this research study. Such a study should provide linkages to policies in areas outside MOLISA, especially in the areas of Justice, Education, Health and other.