Like all other children, children affected by HIV and AIDS have the basic rights as prescribed by the UN Convention on the Rights of the Child and the Law on HIV and AIDS Prevention of Viet Nam
Facts on children and HIV/AIDS

Like all other children, children affected by HIV/AIDS have the basic rights as prescribed by the UN Convention on Children’s rights and the Law on HIV/AIDS Prevention of Viet Nam.
Preface

Stigma and discrimination against children affected by HIV and AIDS is caused by lack of understanding on HIV, myths about HIV and association of HIV with ‘social evils’.

The booklet “Facts about children and HIV and AIDS” is a resource for education managers, teachers, parents and communities. This booklet aims to provide information about children and HIV and AIDS, with the objective to remove the myths about HIV and AIDS and children affected by AIDS, and reduce stigma and discrimination against these children.

The booklet was developed based on the booklet “10 Facts on Children and HIV/AIDS” produced in Thailand. It was adapted with new content added to ensure relevance with Viet Nam. The booklet includes some pictures from children of Ha Noi and children living with HIV at the No2 Centre for Social Protection.
We express our sincere thanks for the valuable contributions of the experts of the Ministry of Education and Training (MOET), Viet Nam Administration for HIV/AIDS Control - Ministry of Health, Ministry of Labour, Invalids and Social Affairs, Viet Nam Women’s Union, teachers, children, parents and representatives of people living with HIV, all teachers, officers and children at No 2 Centre for Social Protection, and NGOs. We appreciate the financial and technical support provided by UNICEF and UN agencies in Viet Nam.

The Ministry of Education and Training looks forward to receiving further comments for improvement in the next editions.
Singing together
Drawn by children living with HIV
No discrimination against children infected by HIV
Drawn by children of Ha Noi
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Some concepts used in the booklet

HIV is an abbreviation of English words “Human Immunodeficiency Virus”, a virus which reduces the resistance of the body against the causes of diseases.

AIDS is an abbreviation of English words “Acquired Immune Deficiency Syndrome”. AIDS is caused by HIV, usually manifested with opportunistic infections, cancers and most likely leads to death unless treatment is provided. There are now effective medicines available (called anti-retroviral drugs or ARVs) that can prevent opportunistic infections and stop HIV progressing to AIDS.

Stigma against people with HIV is an attitude of looking down or showing disrespect towards an individual as a result of knowing or being suspicious that he or she has HIV or that person has close contact with people living with or people believed to have HIV.

 Discrimination against people with HIV is a behaviour of isolating, refusing, separating, maltreating, humiliating, demonstrating prejudice or restricting the rights of an individual as a result of knowing or being suspicious that she or he has HIV or has close contact with people living with, or believed to have, HIV.

(In accordance with Article 2, the Law on Prevention and Control of the Human Immunodeficiency Virus Syndrome (HIV/AIDS)
Children affected by HIV and AIDS include:

a). Children living with HIV
b). Children who have a high risk of HIV transmission:
   Orphaned children due to one or both parents having died of AIDS.
   Children who live with HIV positive parents or caretakers.
   Children who use drugs
   Children who have been sexually abused
   Children of sex workers, or their clients, and drug users.
   Children who are victims of human trafficking
   Street children
   Children orphaned by other reasons
   Children who live in social protection centres, educational centres, re-
   freshment and rehabilitation centres

(According to the National Plan of Action on Children Affected by HIV
and AIDS to 2010 and the vision to 2020)
Playing in the Park

Drawn by the children of Ha Noi
1. Not all infants born to mothers with HIV will acquire HIV

HIV can be transmitted from a mother living with HIV to her child but not all infants born to mothers with HIV will have the HIV virus. Without using anti-retroviral drugs (ARVs) and appropriate feeding, approximately 25-30 per cent of infants born to mothers with HIV would acquire HIV. Such transmission rates can be reduced to 2-8 per cent if a mother receives ARV before and during delivery and her newborn also receive the drugs within 1-6 weeks after being born and is fed by appropriate formula according to the instructions of health professionals. The opportunity for mother to child transmission of HIV can also be reduced by choosing to have a caesarean section prior to labour and before the rupture of the amniotic sac.

Mother to child transmission can happen during the prenatal, the perinatal and postnatal periods.
- Prenatal period: HIV can move from the blood of the mother with HIV through the placenta and enter the foetus.
- During the perinatal period: HIV in the amniotic fluid, blood and vaginal fluids of the mother with HIV can enter the body of the baby through wounds on the skin and through the mucous membrane. This is a high risk period since the baby has direct contact with amniotic fluid, blood and the secretions of the mother with HIV.
- During breast feeding: HIV in breast milk can enter the body of the baby through any cracks in the nipples of the mother, increasing the risk in particular when the infant has gastrointestinal sores or abrasions or breakages in the mucous membrane of the mouth.

All pregnant women should go to medical centres for check-up, counselling and monitoring during the prenatal period.
Flying a kite
Drawing by children living with HIV
2. With standard treatment and good care, children with HIV have the capacity to study, grow up and live as all other children

Some people believe that children living with HIV will always be sick and have a life expectancy of approximately 2-3 years. It is a fact that many children living with HIV are frequently unwell and get sick because they do not receive standard treatment and good care. However, if children receive ARV it will allow them to remain healthy and have the capacity to study, grow up and live as other children.

Anti-retroviral (ARV) treatment helps to reduce the quantity of the HIV in the body. Therefore, ARV treatment will help raise the immunity level of the child and she or he will have more resistance to opportunistic infections, will be less likely to become sick and will be healthier.
However, not all children living with HIV need ARV treatment. ARV treatment should be undertaken only on the instruction of health care professionals. Children should be taken to health facilities for guidance, monitoring, care and treatment.

When children receive ARV treatment, parents and caretakers should have a comprehensive understanding about the side effects of ARVs, the need to take doses on time and continuously and they should help children to understand what kind of medicines they are taking.
3. HIV is not transmitted through normal contact with a child with HIV

Many people are concerned about the risk of HIV transmission through children biting or scratching each other (a child with HIV bites a child without HIV and vice versa). In fact, HIV is not transmitted through normal contact with people with HIV and until now there has never been any documented report of HIV transmission through biting or scratching.

In order for HIV to enter the human body, three factors are essential, relating to:

1. The amount of HIV in the blood and secretions of the body. Not all the secretions of the body contain the same amount of HIV. There is plenty of HIV in blood, semen, vaginal fluids, and breast milk. Saliva, tears, sweat, and urine contains very little quantity of HIV. However, if these secretions are mixed with blood containing a high quantity of HIV there is a possibility of transmission of HIV.
1. *Capacity to survive outside the human body:* It is difficult for HIV to survive outside the human body and it is easily killed upon contact with high temperatures, air, high acidity or alkalinity in the environment.

2. *Channel of entry:* HIV can enter the body through wounds and cuts on the skin and mucous membranes when such wounds and cuts are bleeding and are in contact with the blood and secretions of people living with HIV.

Thus, studying together, playing together, eating together and sharing learning materials with children living with HIV does not constitute all 3 factors required for HIV transmission as mentioned above.
4. Preventing HIV transmission is not a reason for separating children living with HIV from other children in schools, recreation places, shelters...

Many people believe it is necessary to separate children living with HIV from other children in schools, classes, recreation places and shelters in order to prevent HIV transmission. Separating children with HIV is not a solution for preventing HIV transmission to other children and such separation will only serve to hurt children emotionally and mentally.

HIV is not transmitted through normal contact with a child with HIV; therefore, it is not necessary to separate HIV positive children in schools, classes, recreation places or shelters. Separation will cause stigma against children living with HIV as people will know immediately that children in certain schools or other places are HIV positive.
Health care of children living with HIV cannot be used as a reason for separation either. The opportunistic infections and conditions that children living with HIV often get such as pneumonia, diarrhoea or dermatitis can occur in all children. Therefore, children living with HIV need the same care as any other child.

The physical and emotional needs of children living with HIV are met if they are well taken care of and brought up in the family.

*My class*

Drawing by children living with HIV
5. Requesting a HIV test or submission of test results is a violation of the rights of the child

Many people believe it is necessary to conduct an HIV test on a child who is thought to have HIV in order to prevent HIV transmission to other children. Such tests are unnecessary and violate the rights of child. HIV transmission does not happen through normal contact with children living with HIV.

The Law on Prevention of HIV/AIDS stipulates that compulsory HIV tests are prohibited (Article 8, clause 7) and schools are not allowed to request students or applicants to undergo a HIV test or to request submission of HIV test results (Article 15, Clause 2).

A HIV test for a child in order to plan for ARV treatment and to prevent some opportunistic infections is necessary when advised by a health professional. However, schools and teachers are not allowed to request a child to take a HIV test or to submit test results.
6. All children need sex education, reproductive health, HIV and life skills education.

Many adults do not have accurate knowledge about or appropriate behaviours and attitudes towards HIV, safer sexual practices, and stigma and discrimination because they were not educated on these issues in school and in families.

Sex education, reproductive health, HIV and life skills are very necessary for every child in order to help them understand gender relationships, reproductive health, sexually transmitted infections and help them to deal with the issues they may face in the future.

Sex education, reproductive health, HIV and life skills for the young generation will help them develop appropriate attitudes and skills when growing up, and help them to make decisions and safe choices for their health.
7. Children affected by HIV and AIDS should be taken care of as other children.

Giving special care or attention to children affected by AIDS will draw too much attention to them and in many cases, will result in stigma.

Every child has the following basic needs:
1. Physical needs: sufficient nutrition, shelter, clothing, access to quality health care services, play, care, rest, and cognitive development.
2. Emotional needs: love, understanding, attention, learning how to cope with stress and express feelings, hope and living values and having the opportunity to participate in cultural and spiritual activities.
3. Social needs: gaining recognition from society and peer groups; having social relationships, having the opportunity to express opinions in social ac-
Joy
Drawing by children living with HIV
8. **Children have the ability to understand HIV and AIDS and related issues.**

Adults often view children as too young to perceive and understand issues, especially HIV and AIDS although such issues directly affect their lives and feelings. Covering up such realities by not telling the truth or telling children such matters do not concern them causes confusion and worries for children.

The child may ask why she or he must go to a doctor or take medicine or may ask about the disease that she, he or a family member has. Children would like to be able to speak about and have events that have an impact on their lives explained to them. Children have the right to know and have explanations provided regarding their health status, and changes which are happening to her or him or her/his family.

Therefore, it is necessary to help children to learn the truth in a simple and child friendly way. It is important to let them express their feelings and opinions and facilitate their participation in decisions that will affect their lives and future.
My grandfather
Drawing by children of Ha Noi
9. The community plays an important role in reduction of stigma and discrimination against children affected by HIV and AIDS.

The community plays an important role in helping reduce stigma and discrimination related to HIV and AIDS.

To help children affected by HIV and AIDS to continue to study, be part of the community and to have a better future, parents and the communities should:

Flower
Pictures by children living with HIV
• Have an adequate and accurate understanding about HIV, and know how to prevent HIV transmission. This is more important than trying to identify who is living with HIV.
• Not pressure schools to force children affected by HIV to be excluded from studying with other children.
• Coordinate with schools to disseminate messages about reducing stigma and discrimination against children living with HIV.
• Challenge myths about HIV and behaviours which cause stigma and discrimination related to HIV and AIDS
• Not blame or accuse children about the behaviours of their parents or relatives. Children, especially children affected by HIV and AIDS are not responsible for any behaviour of their parents or relatives.
• Respect and keep confidential, information regarding people living with and affected by HIV.
• Participate in education and communication activities related to HIV and AIDS in the community.
Festival
Drawing by children of Ha Noi
Convention on the Children’s Rights

Approved by UN in 1989, contains 54 articles on the basic rights of the human beings that the children all over the world must enjoy.

The Convention was ratified by almost of the countries in the world. Viet Nam is a first country in Asia and second country in the world to ratify the UN Convention on the Children’s Rights

Four main groups of rights:
+ Right to survival
+ Right to protection
+ Right to development
+ Right to participation

This is a relative division of 4 right groups, as a matter of fact, these groups of rights are interrelated.

Three Principles
+ International Convention stipulated that a child is a person under 18 years old.
+ All rights and duties prescribed in the Convention must apply equally to all the children without discrimination.
+ All activities are carried out in the best interest of the children

One Process:
The implementation of the Children’s Rights is a process to coordinate many interventions and all people including children have the responsibility to help the State to implement and monitor the implementation of the Convention.
ARTICLE 15 of LAW ON HIV/AIDS PREVENTION AND CONTROL IN VIETNAM (No. 64/2006/QH11)

HIV/AIDS prevention and control in education establishments within the national education system
1. Education establishments shall be responsible for organizing education for students and learners on HIV/AIDS prevention and control integrated with sex and reproductive health education, and for conducting other HIV/AIDS prevention and control activities at their establishments.

2. Education establishments shall not be allowed to:
   a. Refuse to admit a student or learner on the ground that such person is infected with HIV;
   b. Discipline or expel a student/learner on the ground that such person is infected with HIV;
   c. Separate, limit or forbid a student or learner from participating in the establishment’s activities or services on the ground that such person is infected with HIV;
   d. Request a student, learner or a candidate to have HIV test or produce a HIV test result.
Contact addresses for seeking information about children and HIV and AIDS

1. Ministry of Education and Training
   49 Dai Co Viet str. Hai Ba Trung District, Hanoi
   Tel/fax: 04-38680367

2. Administration of HIV/AIDS Control and Prevention,
   Ministry and Education and Training
   135/3 Nui Truc, Ba Dinh District, Hanoi
   Tel/fax: 04-37367128

3. Administration for Protection and Care for Children,
   Ministry of Labour, Invalids and Social Affairs
   35 Tran Phu, Ba Dinh District, Hanoi
   Tel/fax: 04 37478719

Contact addresses in at the provincial level

1. Department of Education and Training
2. Provincial Center for HIV/AIDS Control and Prevention
3. Department of Labour, War Invalids and Social Affairs.