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**WORKING CHILDREN'S
EXPERIENCES AND THEIR RIGHT
TO HEALTH AND WELL-BEING**

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Front: Photo of working child © Chris Steele-Perkins /Magnum Photos / IBL bildbyrå

Back: Part of a life-calendar of a sex worker participating in Study IV

ABSTRACT

Freedom from labour and the duty to learn for the future in a separate and protected surrounding are main features characterising the modern concept of childhood, reflected in the CRC. Schools are, however, not available or not affordable for many children in the world, especially not beyond the few years of primary education. And labour laws prohibit employment of anybody under the age of 14 to 15 years, leaving many children in a blank space between school and work, childhood and adulthood.

The aim of the study was to explore the life situation and experiences of selected urban, working adolescents, age 11 – 16 years in Vietnam, and to assess how the Rights of the Child could be recognised and respected to ensure them a better childhood.

Data collection and analysis was done between 1998 and 2003. The research is based on the stories of three groups of working adolescents: domestic servants (13), shoe shiners (12), and sex workers (22) and a survey of the situation of adolescents (1547). With the three groups of working adolescents unstructured interviews were used, supplemented with life calendars, social networks and a questionnaire for the sex workers. With the random sample of adolescents in Hanoi an interview questionnaire was used. The interviews with the domestic servants were analysed using latent content analysis; for the shoe shiners and sex workers narrative structuring was used. The data from the questionnaires was analysed using descriptive and comparative statistics.

The studies have shown that while Hanoi-based adolescents conformed well to the norm of modern childhood (living at home, going to school, being healthy and content), the working adolescents came from the provinces around Hanoi. They had dropped out of school during or shortly after finishing primary school, mainly for financial reasons and were working to help their parents. These adolescents presented themselves as able, conscientious and hardworking with the aim to earn money for the needs of the family. The exception was some of the young sex workers who had entered prostitution as a consequence of sexual abuse during childhood. The adolescents were healthy but for minor illness and small accidents, except for the sex workers who reported more illness due to violence and infections. The working adolescents were all aware of the risks their working life exposed them to and developed strategies to avoid risks as much as possible. For the girls their relationship with parents and employers was decisive for their feeling of security and ability to manage, while it did not affect the boys' self confidence and ability in the same way. The sex workers and shoe shiners were afraid the police would take them send them either home or to a re-education school, which would mean they could not fulfil their duties as children.

The interviews have highlighted the need to shift the emphasis in child rights advocacy and programmes for working adolescents from prohibiting work and sending them to school, to respect for their need and choice to work. As social actors with abilities and maturity formed within their context they wanted acceptance and respect for their ambitions to earn an income. They need access to shelter, health care and education that is affordable and sensitive to their competencies, enabling them to earn the necessary income to pay for their basic needs. As vulnerable children they need registration identifying them as workers, rules regulating their working conditions and protection by the police and the adult society at large against violence and abuse.

Keywords: working children, childhood images, narratives, child rights, adolescent health, domestic servants, shoe shiners, sex workers, Vietnam.

Preface

As a child, I lived in Addis Abeba, Ethiopia with my parents, sisters and brothers. Once, when I was around eleven, I accompanied my father downtown to do some shopping. When he bought the same newspaper a second time, I wondered why. He then told me his own childhood story from the USA in the early 1930's.

His parents had emigrated from Sweden in 1922. When the Great Depression hit, his father lost his job and the family became dependent on whatever small income that could be generated. My father, then about ten, started distributing and selling newspapers. First he made a morning round to subscribers in the neighbourhood. After school he sold single copies in the streets and, if allowed without a ticket, on the trains to and from town. My father knew how important his work was as a contribution to the feeding of the family. After a year of unemployment, my grandparents decided to return to Sweden.

Since then I have carried this narrative with me. It has helped me to recognize the sense of responsibility in the many working children and adolescents whom I have met. It has taught me that we all live different childhoods, and that the world is unjust, but that everyone is born with dignity and the right to be respected when struggling for survival and improvement in life.

Most of my professional life, I have been working with child health, and since the mid-eighties with child rights, in Sweden and internationally. In the 1990's, there was an intense debate about child labour. At the time, as a member of the national board of the Save the Children in Sweden, I had difficulties joining the call for total abolishment of all child labour, remembering my father's childhood story, and all the hardworking, proud children I had met around the world. Was their work always harmful and exploitative?

Reading and learning more about the lives of working children, I could not but affirm that many of them were involved in, and sometimes forced into, very harmful work. This should, of course, be prohibited, just as adults should not work under such conditions. But there were also many other children for whom work was an accepted and normal part of socialisation to adulthood. Even with the best of intentions, policies, plans and implemented programmes, large numbers of children and adolescents will continue to work for their own survival and that of their families. Some of these working adolescents have been participants in my research. I am grateful for the opportunity to learn more about their lives.

LIST OF ABBREVIATIONS

CPCC	Committee on the Protection and Care of Children (in Vietnam)
CRC	Convention on the Rights of the Child
ICSECR	International Covenant on Social, Economic and Cultural Rights
ILO	International Labour Organisation
IPEC	International Programme on the Elimination of Child Labour
UDHR	Universal Declaration of Human Rights
WHO	World Health Organisation
VLSS	Vietnam Living Standard Survey

Definitions

child according to the CRC a child is a person under the age of 18 years. In this thesis I use it when referring to children in general, irrespective of age, and specifically to children below the age of around ten years.

adolescent a young person, who is developing from childhood into adulthood (Oxford Concise Dictionary), a person between 10 and 19 years old (WHO-definition)

In this thesis I use it when referring to the specific age group of 11 – 16 years old children, who are the focus of the study. I have chosen to visualise this age group and demarcate it from younger children, to underline their greater independence and capability.

LIST OF PUBLICATIONS

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INTRODUCTION

The grand narrative, the cultural and social context, into which we are born, has a decisive impact on how our lives evolve, what values we embrace, how we understand and give meaning to our lives, and what possibilities we have for growth and maturing. It is within this narrative that we find our place, accept or reject norms and values, and through which our own narrative evolves. We cannot deny our origin. It is always with us. We can revolt against it, try to break free from attachments and responsibilities, and embrace new values and life-styles, but the social and cultural context in which we were brought up will always be part of who we are. Being born in a city or in a rural area, in a religious or secular community, in a poor or rich family, to educated or illiterate parents, as a daughter or a son, as the first or the last child in a group of siblings are important factors affecting who we are and who we become. These effects are more or less strong and depend on how homogeneous and socially conservative a society is. The realisation that the context in which we live and grow affects our childhood and how childhood and children are understood and described is called a social constructionist approach, as compared to a scientific approach which seeks to establish objective facts about children that are valid for all children irrespective of time and place (Stainton Rogers (a), 2003).

Our individual narratives evolve within more general narratives common to those who live and grow up in similar contexts, with similar experiences and expectations. The childhood narrative, or concept of childhood dominating understanding, discussion and policy development around children and their lives today, is often called the modern, or Western, concept of childhood. It presents childhood as a period of learning in specialised institutions separate from the adult, public world, as a period free of work and responsibility in preparation for adulthood, a time for play and happiness (Therborn, 1996; James & Prout, 1997). The abstract term child and the idealised concept of childhood disguise the fact that children are a highly heterogeneous group and that there are many different ways to understand childhood and to live it (Blanchet, 1996).

CONCEPTUAL FRAMEWORK

IMAGES OF CHILDHOOD

The Modern (Western) Construction of Childhood

The modern image of childhood prevalent in the Western World in the 20th century, when the concept of children's rights was advanced, carried with it the many different ideals and perceptions of children that had influenced the concept of childhood over the centuries. They included the image of the child as wicked or evil, full of sin, or as innocent and good; the image of the child as a '*tabula rasa*' (blank slate) to be filled and fostered into a rational and responsible adult, or the child with innate goodness and ability, to be left to develop in freedom. It was during the period of Enlightenment that the interest in the individual child and his/her development emerged. The formation of the rational, mature adult was the focus, and the understanding of the child's nature and how children learn and mature, were important topics for thinkers like John Locke (1632 – 1704) and Jean-Jaques Rousseau (1712-1778). The child was seen as incomplete and immature, as a being on the way to adulthood, and childhood was set aside as a special period for learning and preparing for adulthood in separate institutions. From having been an activity for some all through life, education became the special territory for children. For Locke's followers the concern for fostering and formation gave a strong position to the teacher and led at times to rigid authoritarian school systems. For Rousseau the child's own ability for development was the focus. He claimed that childhood had meaning and purpose in itself, as a period of happiness and joy (Cunningham, 1995). As students the lives of children became more and more separated from the adult world of work and responsibility. In Europe education was progressively expanded to reach all children with at least some schooling, and has today grown to engage more and more of the child's time, prolonging childhood far into what was previously considered adulthood (Abramson, 1996).

Childhood in Different Contexts

A result of the extensive research during the last century into how children grow and learn is the construction of the 'normal child' developing through a set of stages, where achieved competence build on the previous stages. For parents the route with milestones to be passed at certain ages has become an important gauge of their ability and success as parents, and a tool for doctors and teachers judging the child's normality, or possible need for special interventions. These studies were mainly conducted on Western middleclass children, who grew up in comparative affluence with school and play as their main activities. The developmentalist approach with a set route with thresholds and milestones to be conquered during childhood, is being universalised through childhood textbooks and the media. However, this approach ignores the fact that the milestones refer to a special context, which has its special accent in childhood education (Woodhead (a), 1999).

Many children grow up in other contexts, where learning and maturing have other routes and where expectations on what a child should master is judged according to other measures. The child's social background, gender and class may be more decisive

for how a child is judged, than age and achievements (Blanchet, 1996). Convictions and practices in child rearing are socially constructed and vary over time and between social and cultural settings with different concepts of childhood and expectations on the role of children and adolescents (Maybin & Woodhead, 2003). Different behaviour, competencies and capabilities are accorded different weight in child-education in different cultures and societies. Children's ability to form independent opinions and to communicate them varies both between individual children and between groups of children from different cultural contexts. In the rural areas in many parts of the world, the emphasis on what children have to learn to manage every day life, and the tasks they are assigned, differ totally from what is expected of the urban Western child. Western culture stresses the development of the individual, autonomous child, while many other cultures stress the collective – the family – as the unit for which its members have a mutual responsibility (Kagitcibasi, 1996).

In most societies the sex of the child, already from the first day, influences how the child will be treated, responded to and brought up. Also in societies, where people claim that they make no difference, has it be shown that the perception of the sex of an infant influences tone and mimic. As with childhood, gender is socially constructed and its characteristics vary, but just as with childhood there are also common traits that can be found in most settings (Stainton Rogers (b), 2003). The extent of the differences between women and men varies with traditions and beliefs, attitudes and values, as well as with political decisions. Some societies emphasise the differences in roles, while others strive to diminish them. In societies where differences are emphasised the role of the woman as mother and housewife is emphasised. Girls and boys will be brought up to fulfil their respective roles, and breaking them may lead to hard sanctions. Blanchet (1996, p. 24) underlines that in cultures with clear distinction between women and men “the basis on which women gain respect and honour is substantially different from men for whom other norms prevail.”

The term ‘childhood’ is gender-blind, just as the Convention on the Rights of the Child (CRC). The terms thereby hide the reality that for most children and adolescents it makes a great difference, if they are girls or boys. Girls and boys are entitled to the same rights and any discrimination due to sex is prohibited by article 2 in the CRC, just as the Universal Declaration of Human Rights (UDHR) and subsequent conventions are clear on this. As gender is, however, socially constructed and entails very different roles for women and men, and thereby for girls and boys, this has implications for how the different rights are interpreted and implemented for girls and boys.

Perhaps the strongest factor influencing the context of children is the economic and political situation. Conflicts and poverty is a reality for many families, which heavily impacts on how childhood is experienced and understood. Lack of resources for housing and food, education and health, and lack of security and the constant fear of losing parents to war or illness, affect how children develop and mature. Responsibility and dependency that develops through very limited choices are typical traits.

School as the Norm

School is today the norm for a good childhood and all countries around the world make efforts to achieve universal education for all children, ideally until the age of 15 years. The right to basic education is included in the UDHR, in the International Covenant of Social, Economic and Cultural Rights (ICSECR) and in the CRC, with a clear

obligation by ratifying states to provide free and compulsory, primary education. There is no other right where the responsibility of the government is so clearly formulated, nor is there any other obligation for the child that is as clearly spelled out, as the obligation to go to school. Children have no option or free will in relation to primary education, as governments are committed to give all children compulsory access to education. It is the child's duty to attend and to study (article 28, CRC).

Low and middle-income countries have, however, not achieved full enrolment (UNICEF, 2004) due to a lack of resources and prioritisation. Furthermore in many countries poor families have no possibility to send their children to school due to a lack of funds for school fees, books and uniforms, even if there is a school within reasonable reach (ILO, 2004). Not being a schoolchild means growing up in a different context, with different expectations. If the majority of school-aged children in a community are school children, and you are not, it may be stigmatising and negatively influence opportunities for employment and development not to go to school. If, on the other hand, it is normal in the community not to go to school, then expectations for the future are different, as are learning and socialisation processes. (Lieten, 2001).

CHILDREN AND WORK

Work as Part of Childhood

Working to survive has been a necessity for human beings throughout history and all around the world. In traditional agrarian societies everybody in the community had to share in the tasks according to ability and capacity. This also applied to children and adolescents for whom it was also a way of socialisation and learning for adulthood (Cunningham, 2001). The poorer the family the more important was the contribution children and adolescents made to the well-being and survival of the family. This is still the fact for the majority of the poor in the world, for whom resources are seldom enough to cover basic needs. In rural areas all over the world children and adolescents share in the family's efforts to produce enough for a living. They take on the responsibility for looking after younger siblings, to care for the animals – herding sheep or watering the buffalo – and work in the fields or on the fishing boats. They join in trading in the markets or in the production of goods – carpentry, pottery or tailoring. With increasing strengths, ability and maturity they become involved in more and more tasks (Boyden et al, 1998). Apart from the important economic contribution, this is also a learning process for the future and socialisation into adulthood. Often it is combined with a few years in primary education. There are also millions of children and adolescents who are employed (or debt-bonded) in fulltime jobs in mines, industries or plantations. Sometimes they share the work with their parents, who may be involved in a community sub-contract with a multi-national company producing mats or baskets, or who are farm workers on a plantation picking tea-leaves, tobacco or the like (Boyden et al, 1998).

The child labour debate and the call for prohibiting children to work, usually refer to the situation in low- and middle-income countries, where children who work are often depicted as exploited victims. And many of them do work under conditions often termed as 'the worst forms of child labour', conditions unacceptable also for adults. These are the child workers who have informed the media debate on child labour, the negotiations about regulations of children's work and the programming for working

children in international organisations and non-governmental organisations. There are, however, many more working children whose work cannot be classified as “the worst forms of child labour” who are invisible in the debate, but contribute significantly to society and their families (Boyden et al, 1998, Anker, 2001). And in fact part time work among children and adolescents is just as common and sometimes even more common in Britain and the Netherlands as it is in India or Brazil (Lieten & White (a), 2001). But in these countries it is not perceived as child labour or anything that needs to be prohibited, but as an acceptable way to earn extra funds and to gain experience.

Definition and Magnitude

Many have attempted to give definitions of child work and child labour with varying results. A common way of differentiating the two has been to let child labour stand for exploitative, hazardous labour and child work for what can be seen as beneficial work (White, 1997; Boyden et al, 1998; Abernethie, 1998; Myers, 2001). Both words refer more to the work being done than to the child performing it. The most extensive interpretations include all work performed by children, paid or unpaid, formal or informal, defining the child as a person less than eighteen years of age, others include employment and income generation to varying degrees. It can be full-time work, part-time or seasonal work and unpaid home-based activities, relieving parents for income-generating work. It can be forced, such as debt-bonding or military drafting, but mainly it is imposed by the economic reality of the family, and accepted as natural and necessary by the child (Boyden et al, 1998).

The most common figure quoted for the number of children working in the world is 250 million, which is attributed to a report by the International Labour Office (ILO). In their report to the 86th Session of the International Labour Conference in 1996, they refer to their Bureau of Statistics giving estimates of “120 million children between the age of 5 and 14 years, who are fully at work, and more than twice as many (250 million), if those for whom work is a secondary activity are included” (ILO, 1996). These figures are still, ten years later, quoted in reports and articles, often as 250 million working children of whom 50% work part time (Boyden et al, 1998; Lieten & White, 2001). But there is a general agreement that it is impossible to give any true figure about the number of children working world wide, or even in a specific country. One reason is the large variation in how work is defined (Panter-Brick, 2002). If work includes what children do at home to share in the tasks of the household, caring for siblings, carrying fire-wood, herding the buffalo, or doing the dishes one could probably argue that more or less every child between 10 and 16 years of age is working. If on the other hand it includes only economically active children the figure would probably be much lower. In their report *‘Investing in Every Child’* IPEC (the International Programme to Eliminate Child Labour) estimates that an average of 18,5% of all children 5 – 14 years are working, with great variations from 23% in sub-Saharan Africa to 6,5% in North-Africa and the Middle-East (ILO, 2004).

International Agreements

Working for survival and well-being is a human right codified in the Universal Declaration of Human Rights from 1948, as well as in the International Covenant of Social Economic and Cultural Rights from 1966. “The States Parties to the present Covenant recognize the right to work, which includes the right of everyone to the

opportunity to gain his living by work which he freely chooses or accepts, ...” (ICSECR, article 6). It is clear from the following articles that ‘everyone’ here excludes children, and to some extent also women as caretakers of children, as ‘the right to work’ is linked to “[earning a] decent living for themselves and their families in accordance with the provisions of the present Covenant” (ICSECR, article 7, a, ii). To the drafters of the UDHR and the ICSECR, children were not included in the ‘everyone’, but seen as a part of the family for whom the father should be the provider. In the first Declaration on Children’s Rights from 1924 it is, stipulated that: “the child must be put in a position to earn a livelihood and must be protected from exploitation” (Marshall, 1999). The reality for millions of children, at that time also in Europe, was recognised and the focus was on earning a livelihood without being exploited. There was also a strong movement to provide older children with suitable possibilities to earn their living (Cunningham, 1995). From 1925 to 1948 when the UDHR was adopted, the situation for children had changed and educational possibilities had been expanded in the rich world. Children were no longer expected to earn a living; instead their place was within the family in a protected and educational environment, without the responsibilities of adulthood. It was the obligation of the government to ensure all children access to basic education and health care, to support parents in their efforts and, when needed, to take over the care of the child (Cunningham, 1995). There is no definition given, though, for when childhood ends and adulthood starts, and the only reference to human growth and development is in article 16, which states that only men and women of full age have the right to marry.

Child labour and its conditions have been regulated since the beginning of the 20th century in a number of international conventions adopted by ILO. The first conventions restricted the areas and hours in which children could be employed, as well as introducing a minimum age for industrial work. Forced labour was prohibited, as was night work or employing children in mining. The ILO- Minimum Age Convention 138 from 1973 aimed at achieving a common international standard for the age at which children could be employed (ILO, 1973). It gives clear rules on minimum ages for employment and work. The general rule given is that employment should be tied to the completion of compulsory schooling, but that it should not be accepted before the age of 15 years. For low-income countries “whose economy and educational facilities are insufficiently developed” 14 years could be accepted for a limited period of time. The ILO-Worst Forms of Child Labour Convention 182 from 1999 aimed at eliminating the worst forms of child labour and forbidding slavery and slavery-like practices, including compulsory recruitment for the armed forces, the involvement of children in prostitution and pornography and in illicit activities such as drug trafficking, and in work likely to harm the health, safety and morals of the child (ILO, 1999).

The CRC does not include any prohibition of child work, but stipulates that children should be protected from harmful work and work that hinders their education (CRC, 1989), and it refers to the ILO-conventions as a guideline for the states when regulating children’s work.

THE CONVENTION ON THE RIGHTS OF THE CHILD

The Convention on the Rights of the Child, just as the concept of human rights, reflect the European philosophical tradition of humanism and individualism, which has its

roots in the period of enlightenment (Cunningham, 1995, Therborn, 1996, Mayall, 2000). Its basic values, the dignity and worth of the human person, rationality and free will, and equal rights are accepted as universal and the basis for human co-existence and international relations. The first article of the Universal Declaration of Human Rights states that:

“All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards each other in a spirit of brotherhood.”

The discourse about the universality of human rights, the question of the unity of the family and community as opposed to individual rights, and the value of order and hierarchy over individual freedoms, are often referred to, when discussing and working for the implementation of the Rights of the Child internationally (Kagitcibasi, 1996; Burr & Montgomery, 2003).

Basic Concepts in the CRC

The CRC was unanimously adopted by the United Nations General Assembly in 1989 and has been ratified by all but two countries (USA and Somalia, who have both signed it). This signifies a distinctive change in the position of the child, who as a rights bearer is accorded inalienable rights as an autonomous person (Alaimo, 2002), whom nobody, not even parents, has ownership over (Holmberg & Himes, 2000). It is universally accepted as a norm and ideal for governments to strive toward in their ambitions to improve the opportunities for their child population, and a common commitment of all ratifying states to all the world's children. The sometimes far-reaching reservations, however, suggest that for some countries the idea of the child as an autonomous person with individual freedoms and rights is contrary to their reality, value system and ideals.

As international human rights law, the CRC is both a legally binding treaty and a normative, political instrument aimed at changing attitudes and behaviour in society toward children. It creates a direct link between the child with rights and the government with obligations to respect, protect and fulfil these rights for “each child within [their] jurisdiction without any discrimination...” (CRC, art. 2). The parents have the primary responsibility for the well-being of their children (CRC, art. 3, 5 and 18), but the government “shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions and services for the care of children” (CRC, art. 18). The government must also ensure alternative care for a child who cannot, considering the best interest of the child, be allowed to stay in the family environment (CRC, art. 20).

In the preamble to the convention, as in several of its articles, the role of the family as a basic institution in society is emphasised. The primary responsibility for the well-being of the child lies with the parents, with the government as the guarantor that the child's rights are fulfilled. The family has a crucial role in providing a loving and caring environment for the child's growth and maturation, as well as in giving guidance for the child's emotional and spiritual development. It is primarily within the family, within its value system and beliefs that the child creates its own values and matures as a human being. The state has the obligation to ‘respect the responsibilities, rights and duties of the parents...’ (CRC, art. 5), thus recognising the philosophy of family privacy and non-interference (Holmberg & Himes, 2000). But the rights and duties of

parents are not unlimited; they should always be guided by 'the best interest of the child' and take 'the evolving capacities of the child' into consideration.

In the Convention on the Rights of the Child, the term child is defined as every human being under the age of 18 years, thereby extending childhood to include also adolescence. Abramson (1996) argues that by using this terminology the focus becomes the young child, while adolescents are rendered invisible, or infantilised. With a predominant understanding of childhood as a period free of labour and focussed on learning, the focus in realising the commitments in the CRC has been on the protection from hazards and the provision of services with the child as an object for interventions by the adult world (Schibotto & Cussiánovich, 1994; Abernethie, 1998). Blanchet (1996) shows how, in Bangladesh in most peoples' minds, the Bangla word for child in the CRC, has restricted the scope of the Convention to apply only to the small, dependent, innocent children. As in Bangladesh factors other than age are used in most cultures to define different stages of development depending on the child's experiences, responsibilities and maturation, and a clear differentiation is made between children and adolescents, related mainly to sexual maturity. A more visible adolescent would have meant more emphasis on those articles in the CRC that focus on autonomy, participation and a realisation that 'the child' is a social actor in his/her own life, not merely an recipient. This is especially true for the many adolescents who do not conform to the schoolchild norm, but who work and marry, taking responsibility for their own lives (Abramson, 1996; Woodhead (b), 1999; Mayall (b), 2000). Social values and norms more than age decide what adolescents do, and take responsibility for, in a given society. The inclusion of everybody below the age of 18 years into the same convention, which refers to children, has rendered the large group of adolescents in society invisible, and often made them more dependent and immature.

The CRC uses qualifications like "consistent with the evolving capacities of the child" (CRC, art. 5 and 14) and "in accordance with the age and maturity of the child" (CRC, art. 12) to provide for the fact that children are growing and developing and that this should impact on how rights are realised. It would have been very difficult to stipulate definite age-limits for the different provisions in the convention, taking into consideration the individual variations in development and maturation in children and the many ideals for child-rearing that put the emphasis on diverse competencies and abilities. But it leaves it open for parents and other authorities to decide when and on which issues the child is able and mature, when the guidance of the parents (CRC, art. 5 and 14) should have priority, and to what extent the views of the child should be considered (CRC, art. 12).

The guiding concepts, the best interest of the child and the evolving capacities of the child, are socially and culturally constructed concepts that are differently understood in different contexts and at different times. They both emphasise the need to take into consideration the situation, views and experiences of the individual child or group of children, when planning for and deciding about implementing the provisions in the convention.

Civil and Political Rights

The inclusion of civil and political rights into the CRC was a radical and decisive step. Previous Declarations on children's rights did not include the freedom rights. In these declarations the focus was on care and protection, on what the government and parents

should do for their children, on what ‘mankind owed children’ as it is stated in the preamble to the Geneva Declaration on Children’s Rights (CRC, 1959).

When introducing the freedom rights in the CRC (privacy, freedom of expression, free access to information, freedom of association and freedom of thought and religion) the concept of the child as an autonomous individual, with personal identity, as a subject in its own life and not primarily as an object for care and protection was emphasised (Ladd, 2002). The CRC includes the same civil and political rights as other human rights treaties, except for the right to participate in the government of the country through free elections. Instead the CRC includes article 12 that “assures the child who is capable of forming his or her own views, the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child” and article 3, enjoining adults who in different capacities have to take decisions affecting children’s lives to do so with ‘the best interest of the child’ in mind. The CRC, and especially article 12, has been of great importance for strengthening the possibilities for children to participate and express views on issues that affect them.

Social, Economic and Cultural Rights

These rights refer to the provisions in the convention for care, education, health, social security, and a living standard adequate for the development of the child. Provisions that the state has the obligation to fulfil. The fulfilment of these rights is dependent on access to resources, and the prioritisation to use them for the improvement of the living conditions of children and their opportunities for development and maturing. Several of the articles end with the stipulation that “particular account shall be taken of the needs of developing countries” (CRC, art. 23, 24, 28). Article 4 on the implementation of the rights stipulates that the states parties shall take all appropriate “measures to the maximum extent of their available resources and, when needed, within the framework of international cooperation”.

These references to international cooperation and the needs of developing countries underscore the dimension of the CRC as a common commitment by all the ratifying states for all the world’s children, not only for their own citizens.

Protection Rights

The child’s right to protection was among the first rights granted children, when the concept of rights for children was gaining acceptance and the two declarations of children’s rights were adopted in 1924 and 1959 respectively (Marshall, 1999; United Nations, 1959). Many of these rights are specific for the CRC and not included in other human rights instruments. They include the obligation for the governments to protect the child from the use of illicit drugs, sexual exploitation, trafficking, torture and degrading treatment, and all other forms of exploitation (CRC articles 12 – 16). The government is also obliged to refrain from mobilising children under the age of 15 in the armed forces, the only article with a lower age-limit than 18 years (an optional protocol increasing the age to 18 was adopted in 2000, and entered into force 2002).

ADOLESCENT HEALTH

In 2003 the Committee on the Rights of the Child adopted General Comment No 4 on ‘Adolescent Health and Development’ to guide state parties to the convention in their efforts to fulfil the right of adolescents to the best attainable health as stipulated in the convention. The Comment states that adolescents are generally a healthy population group with low morbidity and mortality figures. At the same time it underscores the vulnerability of adolescents due to the new challenges they meet in the transition from childhood to adulthood. Curiosity, peer pressure and lesser parental and societal control increase their risk of adopting risky health behaviour. In the General Comment the Committee broadens the concept of health and development from the scope of CRC articles 6 (on life, survival and development) and article 24 (on health) and discusses the importance of promoting and protecting a number of other articles to ensure adolescents’ health and development. These include the role of the parents (or other guardians), adequate, sensitive and sufficient information, privacy, confidentiality and informed consent, and protection from abuse, neglect, and exploitation. Areas with great risks to adolescent health discussed in the General Comment are mental health, self-destructive behaviour and suicides, sexual and reproductive health, drug-abuse, violence and accidents (CRC, 2003).

As adolescence is normally a healthy period in life, but with a high vulnerability to life-style risks, the World Health Organisation (WHO), when discussing adolescent health and development, focuses on the protection of health and well-being, the promotion of healthy lifestyles and the provision of a healthy environment (WHO, 1999). It underscores the importance of both a healthy environment and health-enhancing behaviour, and that it is not enough with only one of them.

In their guidelines for programming for adolescent health and development, WHO suggests as positive outcomes of adolescent development:

- self-worth** – the ability to contribute and to perceive one’s contribution as meaningful;
- safety and structure** – the perception that one is safe both physically and psychologically, including access to food and shelter, and protection from injury and violence;
- belonging and membership** – participating in a community and having lasting relationships with other people, also outside the family;
- responsibility and autonomy** – the perception that one has control over daily events, and is a person with a past, a present and a future.

These are all outcomes that go beyond the normal scope of health and health care, as they refer to a very holistic perspective on health and development. Societies where adolescence aims at achieving these goals give adolescents optimal possibilities for health, well-being and development.

CHILDREN AND RESEARCH – PRACTICAL AND ETHICAL ISSUES

This section discusses ethical and practical issues in research with children from three aspects: the child's right to participation, the respect for children's competencies and reality and the issue of informed consent.

The Child's Right to be Listened to

Probably the most radical contribution of the CRC is its claim that children have the right to freedom of speech and that their views "shall be given due weight in accordance with the age and maturity of the child" (CRC, Article 12 and 13). This implies that they should be recognised as citizens and social actors sharing in the shaping of their own existence and identity, in accordance with increasing abilities and capacities (Hodgkin & Newell, 1998; Cohen, 2002). These articles in the CRC, according children the same rights as adults to participate in the sharing of information, in forming opinions and in taking part in decisions affecting them, underscore the child as a social actor, as a person with ability to reflect over his/her situation.

With the emphasis on child participation in the child rights work, it is also being increasingly recognised that children and adolescents are important informers about their own situation. Children's own stories express their understanding of the situation and deserve serious consideration (Johnson et al., 1998; Sinclair Taylor, 2000). Research questions aimed at exploring the situation, experiences and behaviour of children should thus primarily be directed to the children/adolescents themselves. Much too often attitudes and information as well as intervention programmes have been based on what adults (parents, teachers, social workers etc) report and consider appropriate, thereby often missing the true story and actual needs and wishes of the children and adolescents themselves (Boyden et al, 1998; Christensen & James, 2000). Listening to children, and hearing what they say, is central to recognising them as human beings and respecting their dignity (Roberts, 2000).

The recognition of children as rights bearers and social actors with the right to express their views, have them listen to and given due weight in matters that affect them, is a moral obligation to ask them, listen to them and respect their views (Grover, 2004).

Respect for the Child's Reality and Competencies

The competencies children demonstrate at a certain age may be very different as parents, other adults and the social context, emphasise different skills. This needs to be acknowledged and respected when involving them in a research process. It is necessary to pay attention to their use of language, the meaning they give to words and concepts and the way they act (Christensen & James, 2000).

With the increased interest in inclusion of children's own perspectives in research the need to develop appropriate methods for involving children has resulted in a range of methods to give children a variety of opportunities to tell their stories and express their views (Boyden & Ennew, 1997; Johnson et al., 1998; Theis, 1998; Woodhead, 1998; Lewis & Lindsay, 2000; Punch, 2002; van Beers, 2002). Participatory methods for qualitative research have been of special interest.

Maturity and competence of the individual child, or group of children, need to be considered when choosing method for research. In societies with a predominant oral

culture and low literacy using drawings or diary writing may not be a good idea. “*I have never held a pen, I don’t know how to read and write*” was the answer from a young sex worker in one of my field studies (Study IV). In other studies, giving children pencils and paper, has yielded much interesting data. Asking children to tell a story about a child or a pet might reveal important information, just as involving children in research conversations as described by Berry Mayall (2000, b). Role-play, focus group discussions and unstructured interviews are other methods being used successfully. But children can be, and are, involved in most types of research and the question is rather how to use the different methods when engaging with children, than what method to use (Christensen & James, 2000).

When deciding on means to record the data it is important that the participants are comfortable with the method. Tape recorders can be intimidating and scaring to some as witnessed in our research with shoe shiners in Hanoi (Study III), but to others they are interesting gadgets they can be given to control the interview (O’Kane, 2000). Photos and video films have been used successfully especially when involving children as researchers collecting data about their lives. In her study with children aged 8 to 16 years from Bangladesh Blanchet (1996) used memory and note taking to record the life-stories of the children participating in her studies.

Just as important as the choice of appropriate methods, is the competence and sensitivity of the researchers interacting with the participating children/adolescents. In their article on research with street children Hutz and Koller (1999) underline the need for the researcher to establish a secure and mutually respectful relationship with the children, to develop trust and confidence. This may take time and especially when researching sensitive topics it may be wise to meet the participants at several occasions as described in our study with young sex workers (Study IV). Good knowledge about the living conditions and life style of the research participants facilitate contact and increases the ability of the researcher to communicate respectfully and with interest in the conversations. The more sensitive the topic for research the more important is the respectful and trusting communication.

To avoid harming research participants in a study implies having good knowledge about how the issues discussed are viewed by the society and an understanding for how the participants might react. Children and adolescents who deviate from the norm and live a possibly criminal life on the margins of society may for example not want to be seen together with a person, who may be recognised as an outsider drawing unwanted attention to what is going on. Letting the child/adolescent choose the time and place for the interview can decrease the exposure and increase the feeling of security. As social actors reflecting on their experiences and forming their identity children do not participate in research unaffected. They take with them new experiences and reflect on the research involvement (Lindsay, 2000). For many having been given the possibility to tell about themselves and their life can be a great relief and help, as a participant said in our study with young sex workers (study IV): “*The more I talked with you, the more I felt confidence in you. I feel relieved after having told you my whole life story.*” It may have been the first time that the girl had ever been really listened to when telling about her situation (Frank, 1997; Hutz & Collor, 1999).

The Concept of Informed Consent

The third aspect refers to the universally accepted norm within research involving human subjects, that nobody should be involved in research without giving voluntary informed consent. Important questions in relation to obtaining informed consent are: *who is to give the consent? how much information should be given* and in qualitative research with an emergent design *when should the consent be obtained?* (Kvale, 1996).

When doing research with children and adolescents the question who gives consent is pertinent. In a strict legal sense children “cannot give fully informed consent due to their perceived and actual reduced capacity to understand the consequences of actions, including participation in research” (Ensign, 2003, p. 45). When involving minors in research the rule is that parents should be requested to give the informed consent on behalf of their children, which is the practice in medical research. In social science research this individual active consent is often replaced by general information to parents about the research and a possibility for them to ask that the child be excluded. In research related to the school and to education the teachers may be the authority allowing the researcher access to the children (Lewis & Lindsay, 2000). This reflects a view of children as objects, as ‘to become persons’, for whom others decide.

The understanding of children as social actors raises the question of the need for consent from the children themselves, which is not included in present guidelines on consent (Alderson, 2000). If we accept that children/adolescents are social actors in the construction and determination of their own lives, as well as in the society around them, then we should not be satisfied with consent of parents or teachers, but primarily ask for the voluntary consent of the children themselves after adequate information.

Referring to the situation in the United States of America and to her own experiences of research with homeless youth, Ensign (2000) discusses the possibility for adolescents over the age of 14 years to give legal consent for certain kinds of health care, such as reproductive and mental health, which has been used as a precedent for their ability to also participate in certain types of research. She refers to the concept of the ‘mature or emancipated minor’ in the USA, meaning adolescents who are financially independent of their parents or who are perhaps themselves parents. There is also the principle called ‘Gillick competence’ referred to in the UK and Australia when waiving parental consent and accepting that adolescents have sufficient maturity and understanding to consent for medical care or research.

The concept of the ‘emancipated minor’ fits well with the situation of large numbers of adolescents in low-income countries, who have left school and work to support themselves, to share in the providing for their families or who marry and have their own family. Even if the legal age of majority at eighteen is becoming the universal norm in accordance with the CRC, many local communities follow other criteria than age when deciding about an adolescent’s attaining maturity and independence (Poluha et al., 2000; Montgomery, 2003). In many societies boys and girls are socially considered mature for marriage and economic independence after puberty (Burr & Montgomery, 2003). In their daily life they have to take many decisions affecting their health and well-being relying on their own competence and ability to make the decision. When involving them as participants in research about their life situation to explore how they understand and explain their life, they should also be considered capable of agreeing to participate. For the many adolescents who have migrated from home to find work, to get away from an abusive home situation or to lead a life their

parents do not accept, to go to the parents for consent for their participation in research would be denying the independence they have won. To find their parents and ask for their consent would entail asking the adolescents for contact details, which some would not know and many most likely would not want to reveal. This would be the case especially for those who either left abusive and non-functional homes, or who had taken up an unaccepted behaviour, such as sex work or drug-abuse. For many adolescents knowing that their parents were informed about their participation in research into sensitive topics, such as sexuality, could also be inhibiting and influence the way they chose to answer.

When giving information to the participant children and adolescents care should be taken to use language and concepts that are understood and relate to the context of the participants. Both short-term and long-term consequences need to be considered. The information should be limited to what is relevant for the child/adolescent to know, as too much information may be distracting and confusing. Referring to a study by Stanley *et al.* Lindsey (2002) states that the competence of children to give informed consent is probably often underestimated.

THE VIETNAMESE CONTEXT

The Vietnamese society has, as all societies, been shaped through many different religious, philosophical, social and political influences. Confucianism was for many centuries the basis on which the society was built (Vien, 1975), but with influence also from the main East-Asian religions Taoism and Buddhism (Johansson, 1998). In the 19th century ‘Western civilisation’ was introduced with the French colonisers and in the early 20th century, communism was embraced as an alternative to French rule and traditional feudalism. The renovation policy (Doi Moi) in the late 20th century and globalisation opened Vietnam to new influences and linked it into the international order of human rights and the free market. But the social structure and the understanding of childhood and child-education still carry a strong imprint of Confucian thought, which together with Buddhism is again regaining influence, as the influence of communism in daily life is fading.

Confucian thought is characterised by its high esteem for learning, stability and harmony (Vien, 1975; Rydström, 1998). It includes a strict hierarchical structure both at the family and the community level. Reverence for ancestors and faithfulness to family lineage are important features, with the oldest male as the head of the household responsible for the ancestral worship and for continuing the lineage. It is the duty of the oldest son to care for the elders and to take over the role as head of the family, when the father is not able to any more. Children are taught to know their place in the hierarchy — to be obedient and respectful and to understand and fulfil their obligations towards the older generation. The interests of the family and the community supersede the interest of the individual child. (Chinh, 2000).

At the end of the Second World War Vietnam revolted against foreign rule and declared its independence which led to a long period of war. A new communist constitution was adopted in 1946, introducing a new value system and a very different political structure (Le Thi Nam Tuyet & Mai Thi Thu, 1978). The old feudal, hierarchical thinking should be eradicated to make room for an egalitarian, collective society. Men and women were declared equals, with the same civil rights and the duty to help and support each other, and to bring up educated children for the fatherland

(Bich, 1997; Johansson, 1998; Le Thi, 1999). The children's role as citizens rather than family members was stressed, and the state and the party took over responsibility for the children's education (Le Thi, 1999; Chinh, 2000). Collective day-care was introduced and primary education was expanded to reach all children, both boys and girls, and was free. Vocational training was expanded to all with equal enrolment of girls and women as boys and men. The place for children was no longer in the fields but in school and school enrolment rose for both boys and girls. Land was collectivised and the families were given their rations of rice in relation to the size of the family, rather than based on work-input. Private initiatives to earn an income were prohibited (Bich, 1997).

The liberalisation of the economic policy in Vietnam since the mid-1980s has had a great impact on the lives of the families (Khe, 2004). The state has withdrawn from direct responsibility for the daily life of the citizens, who are expected to take a greater responsibility for their own survival and welfare. The "subsidy economy" has been replaced by "pay yourself" (Le Thi, 1999). The opportunities for many to earn an income have increased, and the availability of goods in the market underlines the need to earn money (Van Ahn, 1998). With the changing role of the government, fees have been introduced for education and health, which has also led to a greater need for cash in the families. For many this has meant that education for the children is no longer self-evident, at least not after the first compulsory five years (UNICEF, 2000). Data from the Vietnam Living Standards Survey (VLSS) 1997 – 1998 show that education was the household expenditure that increased most since the previous VLSS in 1992 – 1993 (Bélanger & Liu, 2004).

Poverty and lack of funds for extra costs (education, health care, debt-repayments, etc.) as well as the growing possibilities to earn an income, initially lead to an increase in children engaged in work both on the streets and in small industry, an increase that has since been reverted (Socialist Republic of Vietnam, 1999; Bélanger & Liu, 2004).

Childhood in Vietnam

Like in most agriculturally based societies, children in rural Vietnam are expected to participate in the farm and domestic work, as a way of socialisation into adulthood and as a duty as members of the family and community (Bich, 1997; Le Thi, 1999; Chinh, 2000). Work is in this context not related to age, but rather to capacity, time and need (Van Anh, 1998). Children are given their first chores already at the age of six – seven, and with growing strength and ability more and more tasks are handed over to them (Theis & Huyen, 1997).

In traditional Vietnamese child-education, the duty of the child to be obedient and respectful towards his/her parents, relatives and older people and to understand and fulfil the responsibilities towards parents and relatives is emphasised. The role of each individual member in the family is to continue, maintain and serve the family, first of all the older generation. Children are raised as social beings with duties towards their family and towards society, rather than to themselves (Bich, 1997; Chinh, 2000).

In her study in a rural community in Vietnam inhabited by the Kinh majority ethnic group, Rydström (1998) has shown how the different roles accorded to boys and girls in the rural, traditional society affect the whole socialisation process of children. Boys are from the beginning seen to carry with them the family history, they link the patrilineal ancestors with the future male descendents. They are socialised to be masters

in the family and already from early childhood made aware of the privileges and responsibilities that follow with being male. The girls understand from early childhood that they do not have this position and that their duty is to produce sons for another lineage. A girl is brought up to be the ideal woman holding the major responsibility for the family by being a good mother and worker. She should be submissive and obedient to her parents and later to her husband and his parents, uphold the honour of the family and be responsible for the nourishing and care of the children (Rydström, 1998; Le Thi, 1999).

Vietnam changed during the last century from a traditional, rural society over a collectivised, centrally planned communist period to today's free market and private enterprising. It is a society in rapid transition where modern and traditional life-style, family relations and world-views meet and interact. Also concepts of childhood and views of how to bring up and socialise children are changing. The modern concept of childhood is becoming a norm to strive for in the younger generation, but with traditional values around family and community still having a strong impact on child education.

The renovation policy has opened-up Vietnam to modernisation and new influences. These also affect the norms and values guiding child upbringing and the position of adolescents in society. Their role as active members in the daily life of the adult world is changing, as the school becomes the place of activity in preparation for the future. Their position as individuals with their own agenda is strengthened as possibilities for a future different from that of their parents open up. Adolescents in Vietnam have to accommodate these different expectations, with family and the rural communities representing the traditional norms and school and the urban communities the 'modern concept of childhood and adolescence'. The adoption of the Convention on the Rights of the Child and the efforts to universalise education are influential tools in this change.

Vietnam ratified the CRC as the second nation in the world and adopted new legislation to implement it. In 1991 the National Assembly of Vietnam passed the Law on the Protection, Care and Education of Children (Binh, 1995), and instituted the Committee for the Care and Protection of Children (transformed into the Committee for Population, Family and Children – CPFC in 2002). The law includes all the main provisions of the CRC. In relation to health it stipulates that children below the age of six years should have free health care and that the government should be responsible for monitoring, guiding and organizing the implementation of disease prevention and health examinations at regular intervals.

Primary school is compulsory and junior secondary school is available and attended by a majority of school children. Based on the VLSS 1997- 1998, Bélanger and Liu (2004) report that 95% of primary school-age children and 68% of secondary school-age children were attending school with equal numbers of boys and girls in primary school, but with an increasing gap between girls and boys higher up in the grades.

The Law on the Care, Protection and Education of Children from 1991, just as the Vietnamese Constitution from 1992, states that the family is the basic unit in society and that the parents and grandparents have the responsibility for the upbringing of children while the child has "the duty to show respect to and look after their parents and grandparents" (article 64). The Law on the Protection, Care and Education of Children from 1991, in its article 13 enumerates the obligations of the child, which include the following: to show love, respect and piety towards grandparents and parents, to study

diligently and abide by the school regulations, to respect the law and to love the homeland (Binh, 1995).

Vietnam has ratified the ILO-convention 138 on minimum-age for employment. In the Labour Code from 1994 Vietnam stipulates, “a labourer must be at least 15 full years old, have ability to work, and have a labour contract” (Binh, 1995). Even if Vietnam has made great efforts to expand the education system to reach all children under the age of 18, there were around 2 million adolescents, one third of the age group 11 – 18, who had some school, but were not attending anymore at the last VLLS in 1997 – 1998 (Bélanger & Liu, 2004). For adolescents under the age of 16 years, who cannot for financial or geographic reasons, or who do not want to continue in school, the opportunities to find work are limited except in the informal sector. Many find seasonal jobs in the agricultural sector and many migrate to the towns hoping to find ways to earn a well-needed income (Theis & Huyen, 1997; Free (ed), 1997; Bond & Hayter, 1998). The Labour Code makes no provisions for the many self-employed migrant teenagers working in the streets of the bigger towns, or for the adolescents in the fields of the family farms, maybe indicating that this is not considered to be work. For the child on the family farm working is seen as a normal duty, and working in the streets is viewed as incidental and a sign of parental failure (Socialist Republic of Vietnam, 1999). Often working in the streets is referred to as a ‘social evil’ (together with drinking, smoking, gambling, prostitution etc), which should be eradicated, and the children on the streets are seen as delinquents in need of rehabilitation (Ha & Franklin, 1999).

OBJECTIVE

The aim of the study was to explore the life situation and experiences of selected groups of urban working adolescents in the age between 11 and 16 years in Vietnam and to assess how the rights of the child could be implemented to ensure a better childhood for working adolescents.

SPECIFIC OBJECTIVES:

To explore how different groups of urban adolescents, age 11 – 16 years, working in the informal sector describe and explain their life, how they give meaning to their role and experiences (studies II – IV);

To explore urban working adolescents' experience and knowledge of health risks and ill-health, as well as their access to and experience of health care and prevention (studies I – V);

To assess how the Convention on the Rights of the Child can be implemented to improve the life of urban working adolescents, age 11 – 16 years, in Vietnam (studies I – V).

METHODS

OVERALL STUDY DESIGN

The aim of the study was to explore the situation and experiences of adolescents working in the urban, informal sector to assess how rights can be protected and ensured for adolescents, whose life does not conform to the expected. The analysis is based on the interviews of three groups of working adolescents: domestic servants, shoe shiners and sex workers as well as a survey of the situation of adolescents in Hanoi. The research combines quantitative and qualitative research methods.

Quantitative methods were used in study I and V to investigate the social situation, health care utilisation, expectations and worries of adolescents in Hanoi and of young sex workers in Ho Chi Minh City. Quantitative research focuses on what is measurable and quantifiable and aims at establishing facts and test hypothesis (Staiton Rogers (a), 2003; Dahlgren et al, 2004).

Qualitative research methods were used to explore how the working adolescents describe and explain their life as workers in the informal sector, how they give meaning to their role and experiences (articles II – V). Qualitative research has its theoretical base in social constructivism. Its aim is to uncover, explain and give meaning to human behaviour from the perspective of those being studied. The acquisition of information builds on the relationship and dialogue between the participants and the researcher. The results represent those participating in the study, and can be used to develop theory about relationships and behaviour to be tested further (Morse & Field, 1995; Kvale, 1996).

THE FIELD STUDY TEAM

For my field studies I was dependent on close collaboration with Vietnamese research colleagues, who knew the language and the social context to which I as a Swede was foreign.

Study I, among a random cluster sample of Hanoi adolescents, was done together with the Hanoi Medical University, Department of Science and Technology, with experience of epidemiological research and with contacts in the local community.

In the four studies with adolescents working in the informal sector, the researchers all had long experience of work with children and adolescents as researchers and/or practitioners. They were all part of the local context and as such knowledgeable about the background and situation the participants came from. This was important to gain the confidence of the adolescents, to be able to probe further and to support the participants when structuring their stories. The curiosity and understanding of the researchers was an important part of the interviewing, as was their concern for and willingness to support the participants, e.g. with health care as in the case of the interviews with the sex workers in Ho Chi Minh City.

As a foreigner without knowledge of the Vietnamese language I chose not to be directly involved in any of the interviewing myself. I accompanied the students doing the pre-testing of the questionnaire for the interviews in Hanoi to follow the process,

but found that my presence was a distracting factor in the homes, causing curiosity and undue interest in me as a foreigner among the adults in the house and among neighbours who came to join. Also the students felt inhibited while interviewing and interrupted the interviewing to translate for me and ask about clarifications. I also participated as an observer in four of the interviews with the shoe shiners, but also there felt awkward, disturbing the flow of the story. To have an understanding for the situation of the participants I instead communicated with shoe shiners and restaurant workers through interpreters on other occasions. I visited shelters for street working children and a rehabilitation centre for young sex workers leaving the business, and visited areas known for prostitution to gain an impression of the situation of young sex workers.

For study I a group of 20 students from the Hanoi Medical University were trained to do the interviewing, supervised by researchers and teachers from the university. Study II was done in collaboration with the Vietnamese research officer of the Swedish Save the Children office. A group of four students from the psychology department of the National University in Hanoi, who had participated as interviewers in the Save the Children study (Bond, 2000), received additional training to do the interviewing and were supervised by the Save the Children research officer. In Study III a social paediatrician from the Paediatric Institute and a social anthropologist from the Hanoi National University selected the boys and did all the interviews. Both had a focus on children in their work and extensive experience of working with and interviewing children. The interviews for Study IV and V were done by a social worker/researcher of the Social Work and Community Development Research & Consultancy (SDRC) in Ho Chi Minh City. She had a long experience of working with children and adolescents on the margins of society and training in communication and fieldwork. After the interviewing the researchers all shared in the analysis of the material, interpreting of the results and discussing the conclusions in relation to the studies they participated in.

PARTICIPANTS AND DATA-COLLECTION

Adolescents in the age group 11 – 16 years were interviewed. This is in Vietnam the age group between compulsory primary school, which is five years, and the minimum age for employment in Vietnamese legislation (Binh, 1995). A majority of children in the rural areas, who leave school after primary education, find work in the agricultural or commercial sector close to home, but large numbers migrate to look for income opportunities in other areas, often the major towns (Bond & Hayter, 1998; Free (ed), 1998). This study focuses on children working in the urban informal sector, children who are often categorised as “in especially difficult circumstances”, “vulnerable”, “street children” or “out of place children”, and in need of interventions from the adult community to ensure their well-being and development.

Table 1. Participants in the different studies

	Health and Social Situation of Adolescents I	Child Domestic Servants in Hanoi II	To be a Shoe Shine boy in Hanoi III	Young Sex Workers in Ho Chi Minh City IV	Health and Risks in sex work V
numbers	1547 participants 791 girls 756 boys	13 girls	12 boys	22 girls	22 girls
characteristics	1412 in school 96 working 39 'idle' children	5 daughters 8 employees		11 resilient 3 lucky 8 abused	14 workers 8 victims
data collection	interview questionnaire	unstructured interviews	unstructured interviews	unstructured interviews, life calendars, social networks	Questionnaires
data analysis	descriptive and comparative statistics	latent content analysis	narrative structuring	narrative structuring	descriptive and comparative statistics

For Study I we interviewed 1547 adolescents in their home or neighbourhood in the central district of Hanoi, which includes both rich and poor living quarters, business and administrative areas and markets. For the study 120 cells, the smallest administrative partition in the city, were selected randomly out of 998 cells and the aim was to interview all children who had slept there the last night. Thus we hoped to include also migrant working children, who might not be registered inhabitants in the cells. The cell-leaders, who are part of the local political structure, were asked to inform their community about the study and help identify all adolescents in their neighbourhood. The difficulty was to locate the unregistered working adolescents, who might not have steady living quarters and possibly also preferred not to be included in a study, which could entail that their existence in Hanoi was questioned. The interviewers were instructed to ask any child they met in the neighbourhood, where they lived or where they had spent the last night. Those who had slept the last night in the cell should be invited to participate. For the data collection we had developed a questionnaire including questions about social background, education, work, health and thoughts about the future. The questionnaire was pre-tested in a neighbourhood not included in the study, without leading to any major changes. The interviewing students were working in pairs with one student interviewing and the other filling in the answers. The interviewers met the researchers/teachers every evening to discuss the day's interviews and possible difficulties.

For Study II we selected 15 adolescents from a group of 198 domestic servants (girls), who had participated in a study done by Save the Children/Sweden in Hanoi (Bond, 2000). The group interviewed was selected to include girls with different age, working experience and social background. Two girls had returned home at the time of the interviews and thus the study included 13 girls. They were interviewed at their working place, mostly in the home of their employers. As a basis for the interview guide, we used the questionnaire that had been used for the Save the Children study.

The guideline included the areas of social and family background, reasons for being in Hanoi working, health and health care, their experiences as workers and their hopes for the future. The research leader met the students regularly to discuss their experiences and the possible difficulties they might have had. The interviews were taped, transcribed in Vietnamese and translated to English.

For Study III 12 shoe shiners working on the streets in central Hanoi were interviewed. The interviewers asked the shoe shiners to participate as they encountered them wandering along the streets or waiting for customers on the pavement. The interviews were done in a park, a food stall or at the railway station. The boys were asked to tell about their lives as shoe shiners including reasons for working in Hanoi, plans for the future, experiences of ill-health, and of difficulties and abuse. All but two interviews were taped and later transcribed in Vietnamese and translated. For the two who did not want to use the tape-recorder notes were taken during the interviews and a report prepared immediately afterwards. The interviewers and the Swedish researcher met regularly to discuss the findings, and if there were emerging issues to follow-up in coming interviews. Thus the analysis process started already during the data collection period. With the twelfth interview we agreed that saturation was reached (Kvale, 1996).

For studies IV and V 22 adolescent sex workers in Ho Chi Minh City were interviewed. They were contacted on a one-to-one basis by the social worker/researcher and asked to participate in the study, which would include three to four meetings. As an introduction, the participants were asked to tell the story of a small girl on a picture. The participants were then asked to tell their life-story with the help of a life calendar (figure 1), to explain their social network (figure 2) with the help of small figures to be glued on a paper (paper IV). For paper V they were asked to answer a questionnaire.

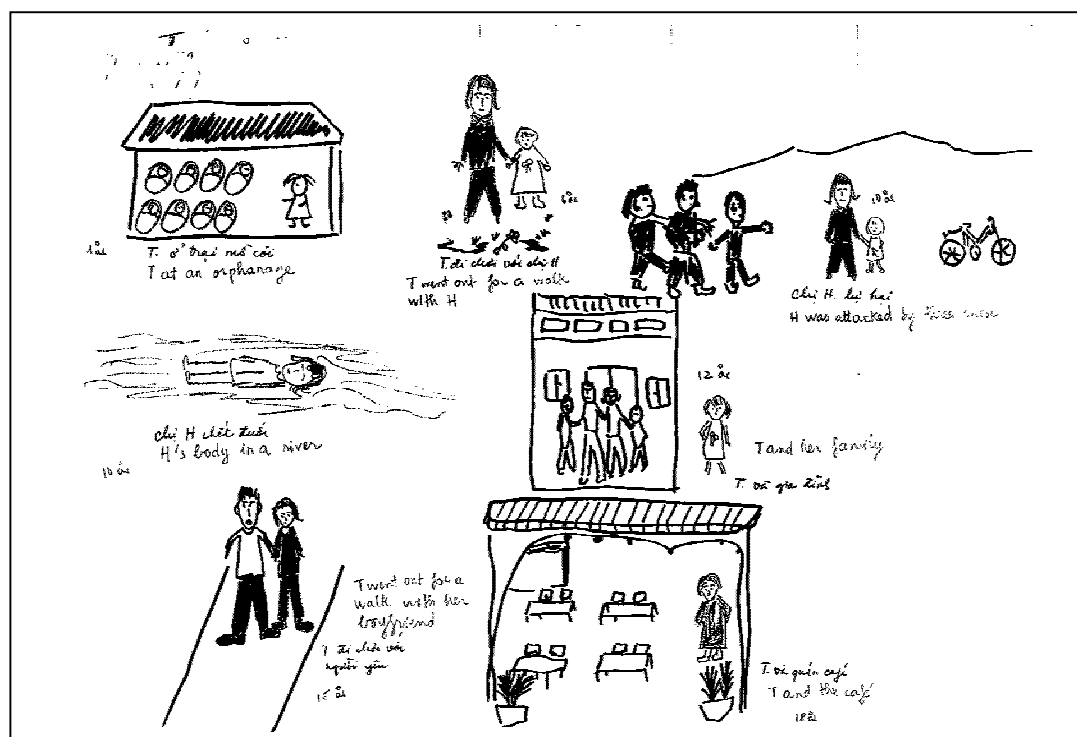


Figure 1. T's life story from her early childhood in an orphanage to her hope for a small café in the future

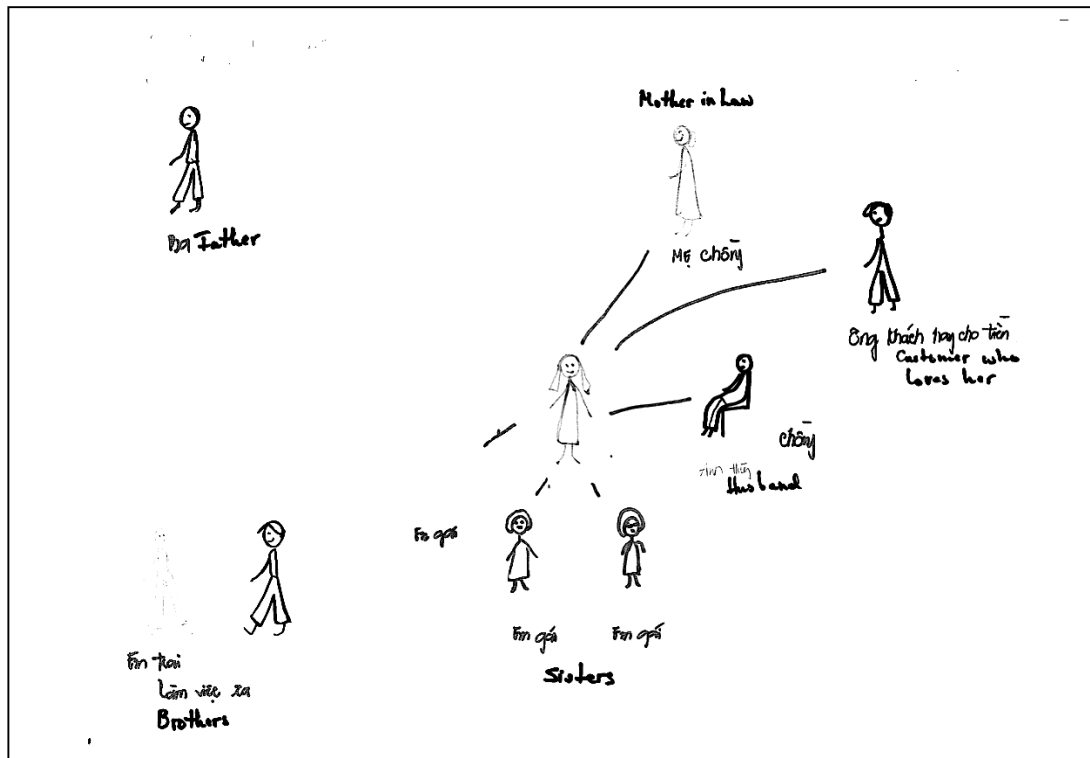


Figure 2. Example of social network with T. in the middle

During the meeting the interviewer took notes of the stories told and wrote down a report directly afterwards. At the beginning of the next meeting the report from the previous meeting was discussed and corrected if needed. These reports did not record the dialogues verbatim for detailed analysis of language used, but recorded the narratives with the flow of the story and its meaning as it evolved during the interview. After the first 12 interviews the Vietnamese and the Swedish researcher, when starting the analysing process, decided to continue interviewing to reach saturation (Kvale, 1996). Another ten participants were interviewed broadening the material.

DATA ANALYSIS

Qualitative Analysis

The data for the studies consisted of unstructured interviews, that were tape-recorded, transcribed verbatim into Vietnamese and translated into English (II and III), and of reports from interviews summarised after the meetings and translated into English, life-calendars and social network maps (IV).

Latent content analysis was used in study II to explore the background and work of the adolescent domestic servants, and to elucidate the mechanisms and relationships influencing their lives and directing their choices and decisions. The interviews were coded and the codes organised into categories or themes for comparative analysis. In latent content analysis the passages of the interviews are reviewed within the context of the entire interview to explore and identify the meaning and significance of the passages in relation to the whole (Morse & Field, 1995). Latent content analysis entails

a constant comparing of the different parts and the whole in search for meaning (Berg, 2000).

Narrative structuring was used for studies III and IV to explore how the participants in the studies themselves presented their background, their social situation, their working conditions and how they explained, understood and managed their lives. Kvale (1996) describes narrative structuring as both ‘narrative finding’ and ‘narrative creating’, where the texts are searched for the narratives and themes they contain. The different stories are then moulded into one or several coherent stories illustrating the common experiences and views of the participants. Instead of deconstructing the interviews into codes and categories the narratives were kept un-fragmented respecting the way the participants in their conversation with the researcher chose to tell about their life and how they understood it (Riessman, 1993). In his book “The Wounded Story Teller” (1995) Arthur Frank discusses the use of thematic narratives as a way to sort out the differences in experiences and understanding implicit in the different stories. Individual experiences and the diversity among the participants in the study may be lost, but instead the different threads in the stories can be elucidated and the common characteristics highlighted.

When telling their stories and explaining how their lives had evolved, the participants and the researcher also used the life-calendars to structure the life story and bring order into the events that had lead to the situation the participant was in. The social network mapping was used to elucidate the relationships with different people in the participants’ lives, illustrating who were close or distant, positive or negative relations and what influence they had in the participant’s life.

Quantitative Analysis

For Study I and Study V quantitative analysis was used.

Study I consisted of a large sample of interview questionnaires that were coded and analysed statistically with the help of the statistical programme EPI-info 6.1. Descriptive and analysis was performed to summarise the data giving numbers, proportions and means describing the situation of adolescents in Hanoi. For comparing the answers for girls and boys, or school attending versus working adolescents χ -square testing was used.

Study V consisted of a small sample of only 22 girls. As child prostitution is illegal and also abhorred by society, it is difficult to reach and engage young sex workers in research. As we had 22 young sex workers participating in a narrative study, we wanted to use the opportunity to also let them answer a short questionnaire on health and risk-related issues. The data is presented as actual numbers for the whole group and divided in two sub-groups for comparison. As the numbers are small and not representative no generalisations can be made, but conclusions may be drawn on possible relations that need to be further tested.

TRUSTWORTHINESS AND VALIDATION

The three main studies in this thesis are qualitative, exploring how working adolescents describe and explain their situation, and how they identify and present themselves. My

discussion on trustworthiness and validity will therefore focus on these three studies and the methods used.

Maxwell (1996) refers to validity in qualitative research as the correctness or credibility in the presentation of the data and the discussion, and Sandelowski (1991) and Riessman (1993) to the plausibility and coherence in narrative analysis.

To assure correctness and credibility we used triangulation in the collection of data and in the several perspectives brought by the different researchers and their varying backgrounds; member check and peer review were also applied (Dahlgren, 2004). In the three qualitative studies there was the insider perspective represented by the Vietnamese researchers, who had all of them experience of working with children on the margins of society and who represented varying professional backgrounds. Two of them, Nguyen Thi Van Anh and Ding Phuong Hoa, who were directly involved in study II and III respectively, contributed with their knowledge and experience as engaged discussants also in the other studies. As a Swedish public health scientist and child rights specialist I brought the outsider perspective. In the dialogue between all the different perspectives that we as researcher brought into the study, we explored and discovered the many possibilities in understanding the data.

My lack of language knowledge, just as my foreign appearance and cultural background, was a barrier between the adolescents participating in the study and myself, and I was dependent on the Vietnamese co-researchers for communicating with the participants. This is a drawback in all cross-cultural research, but it also brings some possibilities. As an outsider, a 'professional stranger' (Agar, 1980), I brought other perspectives and raised other questions in the discussions and analysis. All interviews and other data were translated into English for my use, but during the analysis of the three studies both languages were used.

In study IV we included several methods for the data collection to help the participants remember and shape their life-stories. The researcher/interviewer also met the participants at several occasions and started each meeting by discussing the accurateness of the report from the previous meeting; to let the participant change what she did not agree with and add what she felt was missing.

Plausibility and trustworthiness are main criteria when validating soundness in narrative analysis (Sandelowski, 1991; Riessman, 1993). Here the focus is not on how the data was collected, and how the communication with the participants was handled to ensure the correctness of the data, but on how well the researcher succeeds in presenting the stories of the participants and how true the analysis is to what the participants were telling. An unstructured interview is always a dialogue between the interviewer and the interviewee, who both influence what is said and what direction the communication takes. As researchers we were interested in how the participants explained and gave meaning to their situation as workers and as children, what their relationship was with their families, why they were doing what they were doing, and if and how it affected their health and well-being. This guided the flow of the questions from the researchers' side, while constantly being conscious of the direction the participants chose, not to miss emerging issues. With the common knowledge in the group of Vietnamese culture and society and of children and adolescents, it was our impression that the stories the adolescents told in the interviews and the analysis during the narrative structuring give a plausible account of how adolescents working in the

streets as shoe shiners or sex workers, or in homes as domestic servants explain and give meaning to their lives.

The findings and analysis are based on small samples of working adolescents selected by convenience, and do thus only represent the participants and their experiences. When discussing generalisability, or the value and use of qualitative research beyond the studied group, Maxwell (1996) refers to 'face generalisability', meaning that if there is no obvious reason against it more general conclusions may be drawn. Theories that are developed based on qualitative research, can be tested with other participants and also on bigger, representative samples to allow generalisations.

ETHICAL CONSIDERATIONS

For Study I permission was obtained from the Hanoi Medical University, after thorough scrutiny by a committee of researchers. The study was then reported to the Ministry of Health in Vietnam. This is in Vietnam the system for controlling quality and ethics in research. The community was informed about the study through the community leaders, who also followed the interviewers. The adolescents were informed about the aims of the study, what they were expected to do, that all the data would be handled anonymously and that they could refuse to participate without further consequences.

For Studies II – V permission was obtained from the Hanoi Medical University (see above) and also from Karolinska Institute, Stockholm. In these studies the adolescents were all living away from home and they themselves decided whether to participate or not. They were informed about the study, what was expected of them, told that everything would be handled anonymously and confidentially and that they could refrain from participating or interrupt their participation at any time.

FINDINGS

The results from the five studies are summarised in the table below, showing in Study I the differences in the health and social situation between school-attending adolescents and working adolescents; in Studies II and IV how decisive the relation with parents is and how important childhood experiences are for working girls and their ability to handle town life and working; and in study III that the boys present themselves both as being responsible and confident and as insecure and vulnerable. Study V shows how the differences in self -presentation are reflected also in attitudes to sex-work and knowledge about health and disease.

Table 2. Presentation of the results form the five studies

	Health and Social Situation of Adolescents	Child Domestic Servants in Hanoi	To be a Shoe Shine boy in Hanoi	Young Sex Workers in HCMC	Health and Risks in sex work
	I	II	III	IV	V
Characteristics	<i>School-children (SC)</i> 99,5% urban, 99% live with parents, <i>Working children (WC)</i> 83% rural, 70% live with employer or independently - higher school drop-out among boys - equal numbers of boys and girls working	<i>Daughter(D) or Employee(E)</i> <i>D</i> - protected practice for adulthood, - pos. relation to parents <i>E</i> - challenging introduction to adulthood - unsatisfying relation with parents	<i>Vulnerable child (VC)</i> and <i>Under-aged adult (UA)</i> <i>V</i> - exposed to violence and drug abuse, lack of security and protection, repudiated <i>UA</i> - self-reliant, confident, also when abused at home - obligations to family	<i>Resilient family-member (RF)</i> or <i>Abused child (AC)</i> <i>RF</i> - protective of family, conscious of risks, -obligations to family <i>AC</i> - abandoned or exploited by family, un-engaged, careless victim	<i>Workers (W) or Victims(V)</i> <i>W</i> – resilient, responsible actors <i>V</i> - abused, un-engaged victims - adults
Socio-economic situation	<i>SC</i> – parents government staff or merchants <i>WC</i> – parents farmers or traders	poor families; - sick, divorced or dead parents; debts for med. care, house building, fees for education	poor families; - sick, divorced or dead parents, debts for med. care, house building, fees for education	poor families; - sick, divorced or dead parents - dependence on pimps and brothel owners, indebted	
Expectations for the future	<i>SC</i> - further education and good jobs <i>WC</i> - good jobs, happiness	<i>D</i> - marriage and farming <i>E</i> - training and handicraft, small business	farming or unqualified jobs	<i>RF</i> - return to society, marriage, job <i>AC</i> - little hope for change	<i>W</i> - return to society, marriage, job <i>V</i> - little hope for change
Access to health care	<i>SC</i> – access through parents <i>WC</i> – poor access	good nutrition, health care through employer	poor access to health care, lack of funds, not much experience	seeking mainly private health care, often in need of care	negative attitude from health personnel

	Health and Social Situation of Adolescents I	Child Domestic Servants in Hanoi II	To be a Shoe Shine boy in Hanoi III	Young Sex Workers in HCMC IV	Health and Risks in sex work V
Health risks	SC - 1% smoking, 80% know hiv-prev. WC - 20% smoking, 51% know hiv-prev.	work-related risks: burns, cuts, heavy burdens	- violence - traffic - fear of drug addicts	- violence, - pregnancy, - STIs, disease, - drug addiction, - abuse, alcohol and cigarettes	- violence, - pregnancy, - STIs, disease
Societal attitudes, relation to authorities		<i>E</i> – insecurity due to flirtatious or disdainful customers	- condescension, - fear of police, - lack of ID-card	- contempt and exclusion, - illegal activity, - fear of police	- contempt and exclusion, - illegal activity, - fear of police
Role and meaning		duty to help parents → meaningful, satisfying	- duty to help parents → self-esteem, pride	- duty to help parents → meaningful, justified detested job	

Study I on adolescents in central Hanoi gives an overview of the situation among urban adolescents. The study shows that in Vietnam adolescents in urban families continue in school (99%) also after the compulsory five years, and that it is very uncommon that they combine school with work. Of the small number (52) of non school-attending children resident in Hanoi, the majority (36) were ‘idle’, neither working nor going to school, and only a very small group (16) were working. There was a slightly higher number of boys among the school dropouts. Nearly all school children were living with their parents, who were mainly government employees or merchants.

The working adolescents were instead coming into Hanoi from the provinces around the city. There their possibilities for education beyond compulsory primary school were limited. One third of the rural adolescents had left school already before finalising primary school, while the rest had dropped out either directly after fifth grade or sometimes shortly after. There were equal numbers of boys and girls among the working adolescents, who were mainly living with their employees or with relatives (the girls), or paying for a sleeping-place in a renting house together with other working adolescents (the boys).

HOME SITUATION AND REASONS TO WORK (STUDIES I – IV)

While the twelve boys shining shoes described their life in very similar terms, the girls in their stories presented themselves differently depending on the relationship to their employers and their childhood experiences. The domestic servants split up into ‘daughters’ and ‘employees’, depending on the relationship they had with their employers and how that affected their working situation. The sex workers presented themselves as ‘resilient workers’ or as ‘abused victims’. The ‘workers’ were loyal family members, who accepted sex-work as a lucrative way of earning a well-needed

income for some years, while the ‘victims’ told a story of abuse, exploitation and hopelessness.

The main reason for leaving school was lack of funds to continue in school, and lack of motivation for further education. The girls expressed it as “*education is for nothing – as a girl there is no need to learn*” (the domestic servant Trang), while the boys linked it to poor results “*I had a lot of fun in school, but since I did not do well, I thought it was a waste of money to continue*” (the shoe shiner Chinh). The adolescents also needed to join their parents earning money to share in providing for the family. They saw themselves as important members of the family, with an obligation to share the responsibility, and sometimes even take over as main providers. This was for them a self-evident, unquestioned duty, as they knew that their parents could not cope without their support. Often the immediate cause for shortage of money was severe illness in the family with debts for medical care to be paid. Paying for the education of younger siblings or for a better house for the family were other reasons for working in all three groups. In the group of sex workers who identified themselves rather as ‘victims’ than ‘workers’ this obligation to support the family was also referred to, but not as a rationale for their working, but as a duty they had to fulfil by the only means open to them.

“When I was 14 my mother died after giving birth to twins. I had to sell my labour for our living. ... After a year of hardship and starvation, I thought of selling myself, In the morning he gave me a full piece of gold. I came back home with 1/10 of the gold. The rest I had hidden, because I was afraid that my father would otherwise suspect that I had sold my virginity.” (the sex worker H, whose father had sold his land to pay for his TB-treatment).

“My friend is also working to help pay for the medical fees – operation and treatment – for his mother, who has been very ill. Their family used to be rather well off, but they had to sell many things and borrow money just like my family.” (the shoe shiner Chinh)

The decision to leave home and find work was mostly taken by the adolescents themselves after discussion with the parents, but sometimes against the wish of the parents.

WORKING CONDITIONS AND EXPERIENCES (STUDIES II – IV)

For the boys it was easy to start earning an income shining shoes. It just required a toolbox and some instructions from a friend. Not much preparation was needed and the work was independent, without any long-term commitments, and they could leave it at any time and return home or take up an employment if offered. For them shoe shining was an adequate way of earning a well-needed income when young, but nothing they would continue as adults. They usually lived together with friends and others from their own province paying for a sleeping-place in a renting house. As young new-comers they would have to walk the streets in search for customers, but with increasing

experience and a growing contact net, they could establish good relations with a restaurant or café owner, or gain access to a group having taken monopoly of a lucrative area like the railway station or a park. These locations were often controlled by guards (often called big brothers), who kept newcomers and outsiders away.

“Sometimes I go into the area of the shoe shiners from Thanh Hoa; but if they find me they will beat me, take my money, and tell me to ‘get lost’. Only shoe shiners in restaurants make much money, but the older ones work there and they will not let me in. So I have to walk around, looking for customers.” (the shoe shiner Chinh, who came from Ha Tay province)

The shoe shiners presented themselves as hardworking and conscientious, aware of what is right and wrong and with a clear stance against drugs and theft. Their days were structured and they planned their work, arranged for a safe place to keep the money they earned, and found supportive adults (often relatives or people from their own home province) to turn to if in need, e.g. if they got sick. Most of them preferred not to stay in the special centres for ‘street children’, established by the authorities or non-governmental organisations, as that would entail more adult control and less time to work and earn money.

For the girls finding an acceptable occupation was more difficult. Parents who could and cared for their daughters arranged for them to work as domestic servants in the homes of relatives or friends, where they were often treated more as ‘daughters’ than as ‘employees’. These arrangements were long-term commitments with the obligation to behave well and work hard. The relatives took over the responsibility for the upbringing and in some cases also arranged for continuation in school. The girls described their situation and living conditions as better than at home, work was not as strenuous and food was always available. They saw the time in domestic service as a transition period between childhood and adulthood and looked forward to returning home and to marriage.

For the girls whose parents could not arrange for work or did not care to, it was more difficult and also more risky. They looked for employment as domestic servants through contacts or brokers. Often work for them involved not only working in the home of the employer, but also in a small restaurant cooking, cleaning and catering for guests. They did not have the same close contact with home as the ‘daughters’ and had to take more responsibility for their own welfare, as the relation to the employer was also more professional than relational. Their work often entailed working out of the home and meeting unknown people, who made them feel insecure. It was not as obvious for them to return back to the village after a few years to marry and settle. Instead they felt a need to adapt to urban life, save money and plan for some kind of vocational training.

The girls who worked as sex workers included one group, who had with or without their parents consent, decided to opt for sex work as a way of earning enough money for the needs they and their families had. For some it had started with the decision to ‘sell their virginity’, which was well paid for, for others it was a consequence of having started as waitresses in a bar and realising that sex work would yield better income.

“One day a woman told me she knew a job vacancy in a coffee shop with an attractive salary of 700 000 dong a month. I was happy to hear about it,... Unfortunately I earned only 300 000 dong a month for the job. Then X, a colleague, told me that all the girls working in the coffee shop had extra work outside. ... So I went with her to the park to receive customers. After some time I quit the job in the coffee shop and since then I am doing ‘this job’ on my own.”(the sex worker H)*

These girls saw sex-work as a time-limited commitment until they had paid for their siblings’ education, other family needs, or until they would be too old to be attractive. For them their role as income earners and responsible for the well fare of parents and siblings was decisive and gave meaning and satisfaction. But they planned and hoped for marriage and a return to an accepted life in society.

For the other group sex work was the consequence of abuse and exploitation during childhood, was forced on them by relatives or friends, or something they had been cheated into, not understanding what was happening. These girls identified themselves as victims and blamed their situation on others. They were trapped in oppressive relationships, and debts that forced them to continue prostitution, and some were abusing drugs. Life had little meaning to them and they had little hope for any change.

“When passing over an open area...[my boyfriend] suddenly pressed me down and threatened me. I was so frightened I did not dare to scream ... so I had to accept to let him rape me. I did not dare tell my parents about this event, as I was afraid my father would beat me worse than before. After that my boy friend had intercourse with me several times and then forced me to also receive customers.” (the sex worker X, whose ‘boy friend’ was much older)

ROLE AND MEANING (STUDIES II – IV)

All the adolescents accepted their role as income earners as an unquestioned duty. They were aware of the economic problems in the family and wanted to share the responsibility with their parents – sometimes they had no choice, because the parents were unable to fulfil their role as providers for the family. Also the victimised sex workers with a story of abuse by parents or relatives shared their income with them. The role as an obedient child owing the parents their support was very strong among all the children.

“I go home about once a month to bring money to my father. Now I have paid off all our debt. But my family is poor so I will need to continue to help my parents pay for the education of my siblings. They are girls and should not work hard like me. They are girls and need good jobs. I also want to buy a television and some furniture to make our house a real home.” (the shoe shiner Chinh)

* Dong = VND, Vietnamese currency. 15 000 dong is roughly equivalent to 1 US\$

“I have paid more than one million dong for my parents’ debts, but they are still in debt. I feel so tired of them. I would like to marry an overseas Vietnamese, who would take me to live abroad far from my parents, where nobody knows my life-story.” (the sex worker T)

Being able to help their parents and siblings was very important for the adolescents. It gave meaning to their sometimes difficult and lonely life, and contributed to making it a constructive and meaningful part of their life.

“I will work here for a few more years to pay for the schooling of my brothers, then I want to go back home to my family. They are the only ones who really love me and I am not sorry to sacrifice my life for them.” (the sex worker H)

A PERIOD OF TRANSITION (STUDIES II – IV)

For the shoe shiners and the domestic servants their time working in Hanoi was a period of waiting, of transition from childhood to adulthood. They were still too small for proper employment or for marriage, but they were not children anymore, who could stay at home playing around, when they left school. It was a period of maturing, when they learnt to take responsibility for their daily life, to handle money and move in new unknown surroundings.

“When I grow up I will return home, I will not work here for long. Now I am still small so I can do this job, but when I grow up I will give it up. I think anyone would do the same in my situation. If you are grown up, you will have to get married.” (the domestic servant Mei)

I think I will continue this work for a few more years. After that, I want to go home and work in the fields, or I will look for a real job. I cannot continue as a shoe shiner forever. People do not like adults polishing shoes; they prefer children.” (the shoe shiner Chinh)

It was also a transition from the rural traditional world to modern urban life, from the well known and secure to the unknown and challenging. Much was new and different and they sometimes felt bewildered and insecure.

“After my grandmother’s death anniversary I will not come back here. I think life is too complicated; I cannot mix with this new life. Some [people] passing the house rudely ask me to go out with them. It happens every day and makes me feel uncomfortable.” (the domestic servant Lien)

HEALTH RISKS AND ACCESS TO HEALTH CARE (STUDIES I – V)

The school children staying with their parents in Hanoi had access to health care through their parents, who bought medicine for them in the pharmacy, or took them to the hospital when needed, as did the employers of the domestic servants. Their main complaints were common colds and other minor health problems. The shoe shiners and the sex workers who worked on their own had to solve their needs for health care themselves. The shoe shiners helped each other with food and drinks and bought some aspirin in the pharmacy. None of them had been seriously ill, but they referred to contacts from the village that would help them if they needed. The sex workers who had more experience of disease and of the health services, preferred to go to private clinics for help, as many of them had experienced unfriendly and condescending treatment from health personnel. If in need of an abortion many preferred the public hospital though, but some would chose an unsafe abortion or keep the baby.

Smoking was more common among the working adolescents than among those attending school, and almost exclusively male. One out of the 40 smoking adolescents in study I was a girl. The knowledge about HIV/AIDS and how to prevent infection was equal among boys and girls, but considerably lower among the working adolescents, exposing them to greater risks for infection. For the sex workers STIs and HIV/AIDS were obvious risks, which they were all aware of. The sex worker Hanh explained:

“I always request the customer to wear a condom not to be infected by STD, or become pregnant ... I only earn between 70 000 and 100 000 dong for each intercourse, which is not enough to cover all the treatment fees, if I were infected by a non-condom using customer.”

The shoe shiners all mentioned, as their biggest problem, the violence of the drug addicts, who beat them, threatened them with dirty needles and stole their money. Also for the sex workers violence and abuse were real risks. Many had been mistreated by their customers, even if only one of them had had to go to hospital for treatment. Many of the sex workers admitted that they had been, or still were, using illicit drugs and had problems with addiction also to cigarettes. They justified it by referring to the life style in the bars and the expectations of customers, but also as a means to endure the work.

SOCIETAL ATTITUDES AND RELATION TO AUTHORITIES

Negative attitudes in society were something most of the adolescents at met. The domestic servants/ restaurant workers felt insecure when moving outside and feared harassment and condescending remarks.

*In my village people are friendly, while people here tease me.
I am worried and afraid that the son's friends are not good.
They may do something harmful to me. (the domestic servant Lien)*

The shoe shiners spoke about people looking down at them and distrusting them. And about people who tried to entice them into selling drugs. The sex workers felt the negative attitude from especially women in society, as well as from health personnel. They tried to hide their identity. Many even hid it from their parents.

Both shoe shiners and sex workers who were working in the streets and parks spoke about their fear for the police. The shoe shiners because they did not have residence permits and ID-cards for Hanoi and risked being sent back home, losing the opportunity to earn money. For the sex workers being caught by the police meant being sent for re-education, something they paid large sums of money to avoid, as they did not think they gained anything from it. They also told about the abuse and violence they had experienced from the police.

DISCUSSION

Freedom from work and a duty to learn for the future in a separate and protected surrounding are main features characterising the 'the modern concept' of childhood which is reflected in the CRC. In this thesis young adolescents with a different childhood have presented and explained their lives in interviews and narratives, as a basis for a discussion on how the CRC can be implemented to improve the lives of working adolescents.

PARTICIPANTS AND METHODS

Children and adolescents have, in accordance with the CRC, the right to form opinions, express them and have them listened to on issues that affect them. Due weight should be given to their views in relation to their age and maturity. For me this right to be listened to was an important inspiration for my research. It was the stories on how they described, understood and explained their situation that I wanted to explore. Unstructured, extensive interviewing was chosen as the main method for data collection, with life-calendars, social networks, and observations as a supplement. This provided interesting, narrative data on how the adolescents explained their situation and constructed their identity. Except for the sex workers who identified themselves as 'victims' due to their childhood experiences of abuse and exploitation, the adolescents presented themselves primarily as competent and able, underlining how they acted to solve difficult situations, when asked about risks and threats. In addition to the interviews with the working adolescents an interview questionnaire was used to collect information from adolescents living in a district in Hanoi about their social and health situation. This study showed that while the school attendees nearly all lived with their parents in Hanoi, the working adolescents came from the provinces

During the analysis I have been aware of this, possibly over-positive self-presentation of the participants, remembering that a narrative is not the objective truth about a course of events, but the event told from a special perspective, in a special context. Telling their life stories was for the participants a way to construct their life and claim identity in relation to the interviewer (Riessman, 1993). My own and my co-researchers interest in looking for resilience and coping strategies, for social actors contributing to their own and their communities' lives have also contributed to creating the narratives of these adolescents (Mischler, 1986). The narratives of the girls and boys were shaped and told in a special context, an interview by an unknown researcher. The lives they told about had evolved within the greater narrative of their families and home communities, as well as of the Vietnamese social and cultural context.

In the field studies we encountered adolescents with diverse childhoods. The aim of the thesis is to assess how the CRC can be implemented also for children who are working. The small group (2,5%) of 'idle' adolescents in Hanoi has been excluded from the discussion, together with the nine sex workers who identified themselves primarily as victims. The 'idle' group may be potential workers, but I have too little information on which to base a discussion about them. As a possibly growing group, with a potentially riskier life-style, the group should be further studied to investigate their reasons for dropout and how they spend their days. For the young sex worker

victims, working was not their main identity, for them early abuse and exploitation was the overshadowing experience. A discussion about interventions and care to provide them opportunities to mature and to live a satisfactory life lies outside the scope of this thesis.

THE 'NORMAL CHILD' AND THE OTHER CHILDREN

In national and international norm setting and policy development, as well as in planning and implementation, 'the modern childhood' is the yardstick (Therborn, 1996; Boyden, 1997; Abernethie, 1998; Woodhead (b), 1999).

Our study from Hanoi demonstrated the gap between rural and urban Vietnam in relation to school attendance and family economy. The lives of the majority of urban adolescents evolved within the concept of 'the modern childhood'. They were going to school, lived with their parents, were not working, were satisfied with life and did not report risky behaviour. Of course there were adolescents also among the school attendees, whose life was neither safe nor happy, but as a group they represent 'the normal child'.

The 'other children' include the many non-school-attending rural adolescents, working and sharing the life of their farming/fishing parents or looking for employment on plantations or in mines (Theis & Huyen, 1997), and the rural adolescents who have migrated to the towns and who can, as the shoe shiners in Study III and the sex-workers in Study IV and V, be seen working in the streets. Others are busy in restaurants, bars or homes, as the domestic servants in Study II and the sex workers in Study IV and V. Their adolescence was different from that of the schoolchildren with other experiences and goals that gave their life meaning and satisfaction. The majority among them came from poor but supportive families, but there was also a group with experiences of separation and loss, or of abuse. In the Vietnamese context these adolescents make up nearly one third of the adolescents and represent mainly the rural adolescents (Bélanger & Liu).

Vietnam ratified the CRC as one of the first countries in the world and has instituted laws and policy to implement it, with the aim of granting all children 'a modern childhood'. My studies show that for urban adolescents school has become the norm and their expectations for the future include opportunities for further education and good jobs. They are part of the modern society linked into the international market and guided by international norms and agreements.

The groups of working adolescents in my studies, but also other working adolescents in Vietnam, do not fit into this pattern. Official policy and international agreements make no reference to this large group of adolescents, who have left school during or just after finishing compulsory, primary education, but have not reached the legal age for employment. They are left hanging in between, being either too small or too big. They belong to the traditional, rural society where adulthood and maturity are defined following other criteria than age and education. When coming into the urban centres they have difficulties being accepted, unless they are part of a family like the 'daughters' among the domestic servants. Ennew (2000) describes them as 'children out of place', which was often how they described themselves when speaking about the attitude from adults around them. They do not enjoy the provisions and protection of

the CRC they are entitled to and Ennew concludes that “this very non-enjoyment makes them appear to be unnatural children” (Ennew, 2000, p. 177) making them extra vulnerable to abuse, harassment and exploitation.

THE OTHER CHILDREN

The childhood narrative of the working adolescents was characterised by belonging (being part of the family), duty (working to relieve and support their parents), interdependence (giving the needs of the family priority), independence (ability to organise and manage their day-to-day life), vulnerability and risk (being small, naïve, inexperienced and for the girls possible sex objects) and moving largely in the public and adult world. For both girls and boys ‘belonging’ and ‘duty’ were important features and for many the return home to the village was the wish for the future. By emphasising these elements in their narratives the adolescents placed their own life stories within the greater narrative of childhood and adolescence in the Vietnam.

Duty, Belonging and Interdependence

The first characteristics of their adolescence – belonging, duty and interdependence – are principal goals in Vietnamese child rearing, as is the importance of the family lineage and its continuation (Rydstöm, 1998; Chinh, 2000). Many of the school-attending adolescents would probably also have referred to the same values but in relation to other activities, such as studying hard and learning for the future.

The strong feeling of duty and belonging characterising the narratives of the working adolescents has been found in studies among working children in many parts of the world, where the contribution of children is expected, and family needs and low-quality education give additional impetus for work (Aragao-Lagergren, 1997; Boyden et al, 1998; Woodhead, 1998; Hollos, 2002; Bey, 2003).

Independence and Vulnerability

The other characteristics of the adolescents in the study – independence, vulnerability and risk, being part of the public and adult world – were results of their migrating to work in town. They demonstrate both the difficulty in being ‘too small’ and the strategies they developed to manage the challenges.

Working and moving around in the streets and parks meant always being exposed to threats and abuse. For the domestic servants life was more secure, but those working in restaurants and food-stalls experienced harassment and felt insecure working in the public. The street working children were well aware of the attitudes in society toward them, the risk that they would be arrested by the police, and either sent home or to a re-education school. Being small and ignorant of the rules and systems in urban life, they were vulnerable to the attitudes and actions of the general public, who could be very condescending and abusive. For the girls the high value accorded to virginity in Vietnam made them extra vulnerable, as the big money was difficult to resist. For several of the sex workers this had been the entry to prostitution. In all the narratives the adolescents spoke about threats and fear of abuse, maltreatment and harassment, and their experiences of it. Studies with street working children from most parts of the world describe the same situation of insecurity, disdain of society and fear of

authorities as a counterbalance to the image of responsibility and self-sufficiency they also report (Boyden et al, 1998; Burr, 2002).

The interdependence of the members in the family was important for the adolescents to underline, just as their independence in organising daily routines, structure and rules for working, demarcating where they could work, who was responsible etc. They organised contacts and social networks to give stability and support when in need. The same ambition to organise their lives and keep control has been described, by Aragao-Lagergren from Nicaragua (1997), by Montgomery in her study from Thailand (2001) and by Invernizzi from Peru (2003). The independence the adolescents gained when migrating from home, carried with it a strong feeling of responsibility for behaving well, earning much money and avoiding risks. Their independence was subordinate to the interdependence in the family and within their social networks. Parents, who could, organised for their daughters to work with relatives and friends, while girls who had to manage more independently were less prepared for it than the boys, who's up-bringing had given them more independence and self-confidence. Being an individual was subordinate to being a family member and a son or a daughter, as could be expected in adolescents brought up in rural Vietnam (Rydström, 1998; Chinh, 2000). Their rights to protection were being violated, both because of their vulnerable situation as small and inexperienced and because of their being 'out of place'.

Health and Well-being

The adolescents in the studies confirm the WHO claim that adolescence is a healthy period. No one spoke about serious health problems, except the sex workers who in their work were exposed to many health risks. They were, however, well aware of the risks of STI and HIV, requesting their customers to use condoms, as well as using different traditional ways to protect themselves. They preferred to go to the private health services when in need of treatment, as they felt more accepted there. For the domestic servants life in the home of the employer meant more food and better living conditions, which decreased their health risks. Their employers also took care of their medical needs when they were ill. The shoe shiners and the sex workers had to organise their housing and food themselves, which probably meant less comfort and less nutritious food, but it was nothing they complained about. Among the shoe shiners and domestic servants we did not meet anyone who spoke of serious illness. Most probably those who were seriously ill had left Hanoi to return home for care by their parents, and only the strong and healthy would probably have been allowed to migrate to work in the first place.

The sex workers, who were the only adolescents with any experience of serious health problems and of the health services, mostly preferred private care where they felt more accepted and health services specialised for them and other marginalised children and adolescents would probably have made care more accessible. The sex workers were worried of getting so ill they could not continue working as the family was dependent on their income. Illness could also mean that they might have to reveal their way of earning money, which some of them tried to hide. For the shoe shiners and the domestic servants it was obvious that they would turn to their families if seriously ill, and the majority of the sex workers would also do so.

Antonovsky (1987) has, when studying the ability to cope in stressful situations, shown the importance of a 'sense of coherence' (SOC) for protecting physical and

psychosocial health. I found that the three qualities he sees as necessary for SOC were characteristic for the adolescents (irrespective of occupation), who, when telling about their lives, presented themselves in positive terms. The close relations with their families gave them a sense of belonging and made their situation comprehensible with an ability to meet new situations. Their upbringing and advice from home together with a social network of relatives and people from their home village gave them tools and a feeling of ability to handle the situation. And the filial duty to help their parents in providing for the family gave their sometimes difficult, dull and lonely life meaning.

These three factors are in principle the same as the outcomes WHO suggests as indicators of a positive and healthy development during adolescence. It mentions self-worth, safety and structure, belonging and membership and responsibility and autonomy as important goals for adolescent development (WHO, 1999).

The vulnerability and risks the adolescents spoke about threaten the development of these values, as much as they threaten their physical health. Interventions to give protection from risks should respect the independence and agency of the adolescents and enable them to protect themselves and make healthy choices.

THE RIGHT TO A DIFFERENT CHILDHOOD

The working adolescents in their narratives told about another adolescence, which to them in their context was as valid as the school adolescence they did not have the opportunity to get. They presented themselves as social actors shaping their own life and contributing to the well-being of their families. For them the idea that they had rights that the government and the parents had the obligation to fulfil was probably unthinkable and those who were asked did not know about them. On the other hand they were well aware of their duty to the family and the homeland, as this was an essential part in their upbringing. Forbidding them to work and returning them to the village, would not only deprive them and their parents of the income and ability to pay for debts and other costs, it would also violate their dignity, denying them the possibility to fulfil their role as good and obedient children as well as an opportunity to learn and develop for the future. As different from studies in other countries few of the adolescents in my studies wanted or could combine work with going to school (Woodhead 1998, 2001). It was only two domestic servants/ daughters and one shoe shiner who combined work with some education. Those who were interested in more education wanted vocational training preparing them for a better job in the future. Working children have in many studies underlined their need and wish to continue to work, and its importance for possible school attendance (Schibotto & Cussiánovich, 1994; Tolfree, 1998). In her study on the human rights and health of street children Panter-Brick (2002) underlines the need to learn more about the resilience of street working children and their future careers to better judge the long-term effects of street work.

The rights violations that the adolescents in my studies complained most of, without knowing that they were violations of their human rights were: negative and degrading attitudes and behaviour from adult society, especially against shoe shiners and sex workers, who were by many regarded as 'a social evil'; lack of ID-cards and residence permits to work in the cities; lack of protection from violence and theft; exposure to

illegal drugs. Rights violations that they did not complain about, but accepted as a fact of life, were: lack of shelter and food; poverty and lack of social welfare; poor access to health care and education; the need to work.

Vietnam ratified the CRC as the first Asian country and has instituted policy and programmes to implement it. Also in Vietnam, the policies for childcare and protection have the dependent, school-attending child as the norm, and its policies take it as the point of departure (Law on the Care, Protection and Education of Children from 1991). The 'modern childhood' is used as the model and emphasis has been given to the implementation of programmes for preschool and primary schoolchildren (providing health care and education), as has been reported in the two reports to the Committee on the Rights of the Child (Socialist Government of Vietnam, 1992 and 1999). Also for adolescents the ambition has been to comply with the globalised norm of schooling. The focus has been to 'normalise' the life of the working children by reintegrating them with their families, returning them to school or giving them vocational training. The government has developed plans and programmes (to reduce the number of street children, to stop adolescent sex work, and to regulate child labour) to comply with international standards, rather than to respect the child as a social actor, and change the environment to make it safe and supportive for those who chose, but mostly have no choice but, to work. This ambition has been motivated more by a strive for the ideal, than out of knowledge about and respect for the situation and wishes of the working children (Blanchet, 1996; Boyden et al. 1998). There are many examples of ambitious projects to reintegrate street working children with their rural families, just to find them back in the streets again with their postcards or toolbox for shoe shining (Ha & Franklin, 1999; Burr, 2002).

Vietnam is a country with ambitions and high achievements in the social sector with low mortality and morbidity rates and high school enrolment, still more than 2 million adolescents are not attending school. In most low-income countries school enrolment is considerably lower, leaving millions of young adolescents hanging in the period between primary education and the labour market. With the growing HIV/AIDS epidemic the number of adolescents, having to take responsibility as heads of household and main providers, is growing while the resources, both human and financial, are shrinking as the productive age group is diminishing.

IMPLEMENTING THE CRC

Based on her studies with adolescents in Belfast Leonard (2004, p.59) claims that "when children's own perspectives are taken into account they move beyond the limits of protecting them from the world of work to suggesting frameworks whereby they could be empowered within the labour market." Instead laws and policies in the UK, just as in Vietnam, have a tendency to emphasise children's vulnerability and powerlessness. For the CRC to be a relevant tool for ensuring working adolescents their rights, adolescents need to be recognised as social actors with capacities, wishes and maturity, learnt and developed within their local context. They need to be made visible not only as deviant, problematic and vulnerable, 'out of place' children, but also as actors shaping their own life and contributing to the well-being of their families (Ennew, 2000). A result of seeing children/adolescents as rights bearers is the recognition that their lack of power contributes to their perceived powerlessness (van

Bueren, 1998). The CRC needs to be interpreted realising that children grow up in different contexts, where they live different childhoods and are not all small and dependent (Qvortrup, 1996). Just as it has had to be acknowledged that in Human Rights ‘everyone’ includes both men and women with different roles and needs, so must the implementation of the CRC recognise and make visible the difference between the child and the adolescent, as well as the different childhoods that children grow up and develop in. Recognising and respecting differences is an important aim of human rights work, and no adolescent should be denied their rights because of poverty, ‘being out of place’, or working instead of going to school.

Childhood encompasses the tension between dependence and independence with the newborn child at the one end of the spectrum and the 18-year old adult at the other. The balance between the responsibility to provide for and protect the dependent child and the obligation to respect the autonomy of the maturing adolescent needs to be struck consistent with the ‘evolving capacities’ of the child. Also human rights law is characterised by this tension between the responsibility to protect and provide and the obligation to respect freedom and autonomy.

Civil and Political Rights

For the working adolescents the freedom rights granting them the right to information, to be heard and to organise are important, often violated rights. The adolescents in my studies in Vietnam did not mention any organisations they belonged to, but in several other countries working adolescents are organised, often with the support of NGO’s (Schibotto & Cussiánovich, 1994; Miljeteig, 2001; Liebel, 2003). This is an important way for them to voice their opinions and make their situation known. It is also a way for them to gain self-esteem.

As the adolescents work and move in the public sphere, often far from home, access to information as well as the opportunity and right to speak and decide on their own behalf, are needed for them to manage and shape their lives. Their right to a recognised identity and registration allowing them to move and to work is another right they need that would also serve as a protection. In their narratives the adolescents remind us that they are entitled to identity and respect for who they are and the work they do to support themselves and their families.

Social, Economic and Cultural Rights

As most rights and especially the social, economic and cultural rights depend on access to resources, which many poor countries have difficulties mobilising, the communities and families have to cover much of the costs. A prerequisite for being able to do so is the right to work and earn an income under decent conditions. Most of the adolescents in the studies, needed to earn an income to cover costs for health, education, housing etc, but their access to work under decent conditions and with regulated pay was denied.

For all these children and their families more appropriate labour laws opening up for regulated jobs with decent pay would improve their situation and decrease their vulnerability to exploitation and abuse. This is especially true for the sex workers for whom other less risky and abusive, and more acceptable work is needed.

Protective Rights

These are the rights that were most often violated from the point of view of the adolescents. They experienced that the adult society did not respect them, but looked down on them and abused them, as they were too small to defend themselves. Especially the shoe shiners had problems with drug addicts who were constantly after them to steal their money and cheat their customers. They were also asked by drug traffickers to start selling drugs instead as this would mean much better income, increasing their possibilities to support their families. The shoe shiners in the interviews all took a clear stance against the drug addicts and drug trade, which is not proof, that none of them was involved but a sign they it was nothing they wanted to admit.

My studies with the working adolescents in Hanoi and Ho Chi Minh City have demonstrated the ability of the adolescents and the empowerment that working can release, if acknowledged and valued. In their book 'Changing Childhoods' (2003, introduction) Montgomery, Burr and Woodhead state: "When diversities are examined under the lens of children's rights they frequently look more like inequalities and examples of exclusion". The many different childhood and adolescent experiences need to be explored and evaluated taking their respective contexts into account, instead of comparing them with an ideal created in a totally different context.

CONCLUSION

As an international Human Rights law, the CRC is both a legally binding treaty and a normative, political instrument. Its aim is to change attitudes and behaviour in society towards children by granting them childhoods with opportunities for survival and development.

The childhood vision that informed the drafters of the CRC, was mainly the ‘modern image of childhood’ grounded in western philosophical development and childhood studies. Thus the provisions in the CRC are more easily applicable for children whose lives evolve within this concept, with school as the main arena and education the main activity. Its applicability and realisation for the millions of children whose childhood is different is more complex. They grow up with other experiences and in other contexts, where working and sharing the life and responsibilities of the parents is natural and accepted.

International organisations, national governments, bilateral development agencies and non-governmental organisations are all giving much thought, effort and funding into the betterment of the situation of working children, focusing on their social and economic rights, where the main goal often seems to be to exchange work for school. Even with the most ambitious plans and programmes it will take years to achieve. The claim that learning should take place in school is a common ideal accepted by most, but for many children it will not be an option until it is too late. Several generations of 10 – 14 year-olds, i.e. millions of children and adolescents from most parts of the world, will be working in all sorts of occupations in workshops and industries, on the family farms, in homes or in the streets. How can their right to dignity and well-being be ensured, within the contexts that shape their childhood?

The interviews have highlighted the need to shift the emphasis in child rights advocacy and programmes for working children from prohibiting them to work and sending them to school, to respect for their need and choice to work. As social actors with abilities and maturity formed within their context, they wanted acceptance and respect for their ambitions to earn an income. They should have access to shelter, health care and education that is affordable and sensitive to their needs and competencies, enabling them to earn the necessary income to pay for their basic needs. As vulnerable children they need registration identifying them as workers, rules regulating their working conditions, and protection by the police and the adult society at large against violence and abuse. For the sex workers, representing ‘the worst forms of child labour’, other less abusive and risky possibilities to earn an income should be available.

The three groups of working adolescents in the study represent very different working situations and conditions from the protected domestic servant/daughter to the exploited sex worker. They all told about the vulnerability of the poor and the need to earn money to help pay for extra costs, such as medical fees, education of younger siblings, debts for a new house, or in a few cases the drinking and gambling costs of their parents. They demonstrated, to varying degrees, capacity and ability to cope and handle their situation, as well as a willingness to contribute to their families.

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