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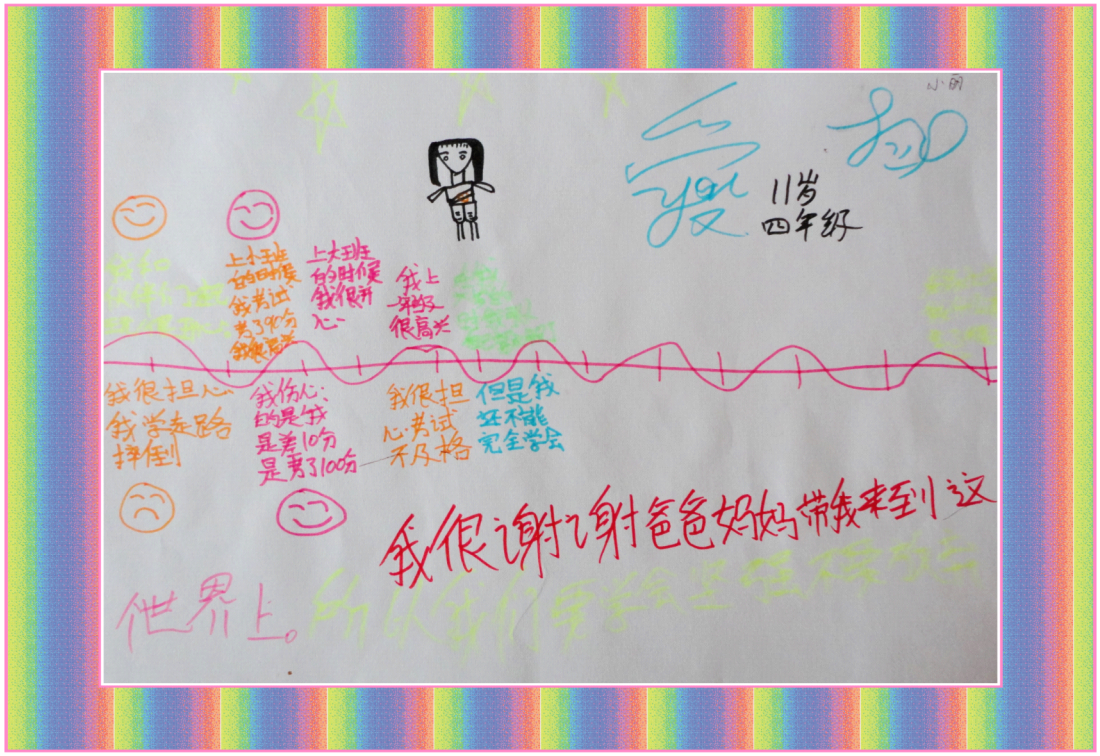
AN EXPLORATORY CASE STUDY OF HIV IMPACTED CHILDREN IN HENAN PROVINCE, CHINA



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Abstract

The illicit and unsafe sales of blood caused a great number of HIV impacted children in China who although were constantly exposed to multiple risk factors but exhibited positive adaptive behaviors. Thus the purpose of this study was to gain a better understanding of resilience of HIV impacted children through the exploration of children's perception and experience on context-specific risk factors and protective factors. Addressing resilience in an ecological perspective, the study employed a case study design and was conducted in village Y in Henan Province. Data were collected mainly through observation, focus group discussions and individual interviews. The final conclusion of the study was that HIV impacted children were frequently exposed to various risk factors mainly associated with poverty and HIV/AIDS, and were made vulnerable within the complex set of person-environmental interactions. Despite that, the right combination of protective factors from individual, familial and community levels was able to buffer negative impacts of risks and contribute to the enhancement of children's resilience. However, the way children perceived risks and negotiated with external environment determined the influence of risk and protective factors and how resilience was developed.

Key words: risk, resilience, risk factor, protective factor, HIV impacted children, China

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Table of Contents

List of Acronyms

AIDS	Aquired Immuno-Deficiency Syndrome
ARV	Antiretroviral Drug
UNCRC	United Nations Convention on the Rights of the Child
HIV	Human Immuno-deficiency Virus
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs of Australian Government
MoH	Ministry of Health, People's Republic of China
NGO	Non-governmental Organization
PLHIV	People Living with HIV/AIDS
UNAIDS	The Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

1. INTRODUCTION

"The world breaks everyone and afterward many are strong at the broken places."

—Ernest Hemingway, A Farewell to Arms (Waller, 2001:290)

China has been witness to the exponential rise in the number of people living with HIV since 1993 (Cornia, 2007). According to UNAIDS[1], the overall number of people living with HIV in China reached 740,000 by the end of 2009. This epidemic has become a serious problem in some provinces such as Henan, where illicit and unsafe blood collection was the dominant transmission route (Gill, Chang and Palmer, 2002). In Central China, the sale of blood was a common survival strategy adopted by poor peasants to earn supplementary income since the 1990s, and many people sold their blood several times a month for a fee of $7 (Cornia, 2007). The unsanitary blood collection practices and reuse of needles and syringes facilitated the transmission of HIV through blood, which resulted in approximately 300,000 people affected between 1994 and 1996 (Zhang, 2004). The illness and death caused by this epidemic tended to affect the whole family, leaving children unprotected.

This epidemic has triggered various socioeconomic problems, including the significantly growing number of orphans. According to New China Agency, the number of orphans reached up to 76,000 in 2005[2]. HIV/AIDS may render children vulnerable by exposing them to extreme poverty, loss of parents, extra burden on parental responsibilities, as well as exclusion from social networks due to stigma and discrimination (Richter, Foster and Sherr, 2006; Yao, 2008). Some literature also points out the great psychological impact posed by the epidemic since it embroils children into multiple distress and difficulties which greatly impacts their healthy development (Killian, 2004; Xu, et al., 2010; Yao, 2008). Although the Chinese government has taken measures to support affected families, the devastating

[1] Please refer to http://www.unaids.org/en/regionscountries/countries/china/
[2] Chi Heng Foundation (2007) *Lending a Hang to Children Impacted by AIDS.*

consequences of HIV/AIDS and the large number of children affected are well beyond their capacity to address (Shang, 2008).

Despite the odds, studies of resilience suggest that many children affected by HIV/AIDS still exhibit positive adaptive behaviors, and later become competent and productive individuals (Rochat and Hough, 2007). The term resilience can be broadly understood as positive adaptation in the presence of adversity[3], and it was initially conceived as the opposite of risk that threatened positive developmental outcomes (Rutter, 1987; Waller, 2001). Risk and protective factors are two important concepts in resilience studies, which are vital to understand the development of resilience (Li, 2005). While risk factors are related to any event or experience that enhance the probability of undesired outcomes, protective factors act as buffer to negative exposures. The emergence of resilience research suggested a shift in paradigm from a narrow focus on risk, deficit and problem to an appreciation of the strengths perspective which highlighted the strengths and capacity of youths, families and communities (Clemente, 2001).

Looking at risk through the lens of resilience instead of a vulnerability standpoint provides important opportunities in supporting children to bounce back in the face of insurmountable difficulties (ibid.). Given that HIV/AIDS is a chronic epidemic without short-term solutions, it is both imperative and valuable to examine processes which greatly contribute to children's resilience. Findings within this field can also provide a new insight in guiding future interventions that improve children's lives. This is also consistent with the child rights-based approaches which demands us to find ways to meaningfully engage and empower children and families living in a world affected by HIV/AIDS.

However, most studies on resilience of children are based on researchers'

[3] According to Matsen & Coatsworth (1988), adversity is typically indexed by two varieties of risk factors: challenging life circumstances and trauma.

preconceived ideas on what constitutes risks and adversity for children with adults being used as respondents (Boyden and Mann, 2005). This is problematic since children's understanding varies with that of adults, which may result in erroneous findings and misplaced interventions. Thus, this research takes a perspective that children are competent social actors and have valid insights into their childhood experience. Based on that, the aim of the research is to develop an understanding of resilience of HIV impacted children by exploring their perception and experience on risk and protective factors in the context of HIV/AIDS in Henan province, China.

In order to achieve the aim of the study, the following two research questions will be answered:

1. What risk factors are perceived by HIV impacted children and how do these factors make children vulnerable within the local context?
2. What protective factors are perceived by HIV impacted children to be helpful in addressing risks and how do these factors contribute to the enhancement of resilience?

According to the United Nations Convention on the Rights of the Child (UNCRC), a child is anyone who is under the age of 18 years, thus HIV impacted children here refer to children less than 18 years and have at least one family member affected by HIV/AIDS. To answer the abovementioned questions, the research has applied a case study design, accompanied by participatory research methodology which is best suited to explore children's subjective experiences (Rochat and Hough, 2007). Children's data were collected by multiple methods in village Y which was one of 38 key villages with highest HIV prevalence in Henan province. Since there is limited research on resilience which specifically focuses on HIV impacted children in the Chinese context, this research will fill a gap within resilience research and also contribute to the design of appropriate prevention and intervention strategies for HIV impacted children. Those findings might also be appliable to other villages in Henan province since they share similar settings, culture and causes of this epidemic.

This chapter will be followed by a brief description of background which covers historical reasons for the prevalence of HIV/AIDS in Henan province and a description of the area to be studied. Chapter 3 will present past and present research evidence on risk and resilience, and explain the analytical framework which is used to guide data collection and analysis. The fourth chapter will justify the choice of methodology and discuss issues regarding validity, reliability and ethical considerations. Chapter 5 presents the analysis of empirical data in relation to research questions. The final chapter will end with conclusion, containing the major findings of the study and suggestions for future research.

2. BACKGROUND ON CHINA

2.1 HIV/AIDS in Henan province

Once HIV/AIDS was dismissed by China officialdom as a Western problem, the wide spread of HIV/AIDS gradually gained the attention of the Chinese government. This was particularly evident in 2009 when AIDS was reported to be the leading cause of death among infectious diseases (McGivering, 2009). By 1998, cases of HIV infection were reported by all provinces, autonomous regions and municipalities, and more strikingly, 90.5% of counties in China had reported cases of HIV/AIDS by the end of 2009 (MoH, UNAIDS and WHO, 2010). However, a great disparity existed among number of reported cases in those provinces, with Yunan, Guangxi, Henan, Sichuan, Xinjiang and Guangdong accounting for 70-80% of the national total (ibid.). Meanwhile, the modes of transmission were quite diversified, because intravenous drug use was the main route in southern border regions, sexual contact facilitated the infection in the eastern seaboard, while the unsafe blood collection dominantly contributed to the prevalence of HIV/AIDS in central China, especially Henan province (Gill, Chang and Palmer, 2002).

Figure 1: Geographical distribution of estimated 740,000 PLHIV in China in 2009

Source: MoH, UNAIDS and WHO, 2010, p.14

In the 1990s there was a dramatic rise in AIDS cases, mainly attributed to a great number of people infected through unsanitary blood sales (Zhang and Ma, 2002). Over the course of the 1980s and late 1990s, "plasma economy"[4] swept over China and blood sales became a lucrative but poorly regulated enterprise (Gill, Chang and Palmer, 2002). From approximately 1993, blood collection stations were established in Southern Henan Province (Gill, Huang and Lu, 2007), especially in rural and impoverished areas. According to Gao Yaojie (2011:12), a well-known civilian HIV/AIDS activist, there were more than 270 legal[5] plasma collection centers in Henan province, while the number of illegal ones could hardly be counted. Numerous destitute farmers were lured by cash (around $7 to $12 per donation) and actively involved in selling blood plasma to recruiters known as "blood heads". Those blood heads either operated stations day and night in villagers' homes or on crop lands,

[4] The "plasma economy" means the high profits gained from using cheap plasma collected from poor farmers to make biological products such as albumin, globulin, interferon and platelet factors.
[5] Most of the legal plasma collection stations were set up and regulated by Department of Health of Chinese Government.

which overwhelmingly swarmed with farmers aged from 15 to 60 (Zhang, 2004). The quick cash earned greatly supplemented farmer's meager incomes and allowed them to build new houses.

After recognizing the potential benefits gained from blood sales, increasing numbers of farmers traveled across the country to multiple collection sites, and mainly lived on donating plasma for cash as many as 15-16 times a month (Gao, 2011:195). Since only plasma was needed, the blood collectors thus cheated the donors to reinject the red blood cells to prevent anemia, thereby addressing the problem of a large quantity of red blood cells (Zhang, 2004). After extraction, blood from donors with the same blood type was mixed and pooled into a centrifuge. Then plasma was removed and collected, while the remaining mixture of red blood cells was returned to donors.

Since blood donors were not required to take the screening of blood borne diseases such as hepatitis and HIV/AIDS, nor did collectors test blood before selling it to hospitals, the unsanitary practice allowed the diseases to quickly and easily spread from one to many plasma donors and people receiving blood transfusions (Gill, Chang and Palmer, 2002). Meanwhile, the reuse of syringes and needles also facilitated the transmission of diseases, resulting in thousands of HIV infections and high prevalence in certain parts of China, particularly Henan province. According to the data in 2005, among the estimation of 75,000 people living with HIV/AIDS, approximately 22,000 got infected through this way (MoH, WHO and UNAIDS, 2006).

However, in the beginning of 2000, those former plasma donors started exhibiting symptoms of AIDS, and a high mortality rate was reported in some "hot spots", known as "AIDS villages" (Gill, Huang and Lu, 2007:28). Those villages were either close to plasma stations or had a cohort of members traveling together to sell plasma in remote stations. The "AIDS villages" in Henan received massive Chinese and Western media coverage due to the astonishing fact that infection rates in some

villages were higher than 80% among inhabitants, and more than 60% had already suffered from AIDS (Gill, Chang and Palmer, 2002). This problem was particularly acute in Shangcai county which hosted the earliest plasma donors, and had experienced a significant number of deaths (Gill, Huang and Lu, 2007). According to the report of Zhang (2004), up to 10,000 people in Shangcai were infected and a total of more than 1,600 had died of AIDS by 2002.

Since the disclosure of HIV/AIDS in Henan, many health care workers, and Chinese and Western news media were involved in unearthing the catastrophic effects resulting from nearly a decade of illicit blood sales in rural areas of Henan (Gill, Chang and Palmer, 2002). However, due to the fear that this epidemic would impact the local economy and their prospects of promotion, local officials tried to conceal the local epidemic situation by all means and prevent journalists and health care professionals from visiting affected villages (Gao, 2011; Zhang, 2004). Because of inaccurate reporting on the epidemic situation from local governments, the central government could hardly gauge the prevalence of HIV/AIDS in Henan, making it a great challenge to take respond scientifically and strategically. Although the central government emphasized on strengthening prevention and treatment of HIV/AIDS, local officials just shifted their responsibility and did nothing constructive to alleviate the problem (Zhang, 2004). As a result, affected people were deprived from treatment opportunities, and the disease spread to general population (Gill, Chang and Palmer, 2002).

2.2 Case study area

The study took place in village Y which was among 38 key villages greatly affected by HIV/AIDS in Henan province. This area had a total population of 2492, and more than 1000 villagers had been involved in sales of blood (Liu, 2007). Of those, 302 adults were reported to be HIV positive and they accounted for a high proportion of 12.5% by the end of 2006, not including over 150 people who had died from HIV/AIDS (ibid.). Despite the establishment of the health center in the village and the

free delivery of ARV drugs, the mortality rate in the village still reached more than 6%, much higher than other key villages[6]. It was very striking that there were a large number of graves in the fields with mainly buried AIDS patients. This epidemic led to the growing number of HIV impacted children and almost half of them were living in single-parent households (Interview with Weiwei, 17 years old).

This area was also covered by overwhelming poverty and most of families relied on farming on 2-3 acres of land (Pers. communication with local villagers). Young and middle-aged adults were pushed to become migrant workers in other provinces, only children, the sick, and old were remained. In order to survive, the community made some risky investments on firecracker factories from 2005, however, the constant explosion caused much injury and death of workers, factories were thus soon closed or banned. Considering high risks from the epidemic and poverty in the village, the growing number of HIV impacted children became an alarming problem and effective strategies and interventions were greatly needed to protect and empower those children. Currently, some interventions of NGOs were conducted in this area, such as the "Harmony Home", which provided food, clothes and accommodation to orphans or HIV impacted children from single-parent households. Additionally, the AIDS Orphan Project of CH Foundation aimed at providing education sponsorship to HIV impacted children.

3. THEORETICAL OVERVIEW AND FRAMEWORK

This chapter provides a framework for understanding children's resilience through an exploration of concepts of risk and resilience, as well as current research evidence within these domains. Based on the literature review, an analytical framework is employed to address resilience in an ecological perspective, which regards resilience as the product of dynamic transactions between individual and multiple systems. This

[6] Please refer to http://news.sina.com.cn/c/2004-12-01/03224395579s.shtml

framework is also used to justify the appropriateness of application of resilience to HIV impacted children, and the relevance of enquiring the important transactions between individual and environment that contribute to the enhancement of children's resilience.

3.1 Literature review

3.1.1 The evolution of resilience study

Although people have been fascinated with stories of resilience for thousands of years which tell how tough individuals triumph over insurmountable adversity, the study of resilience only began in the 1960s and 1970s (Masten and Gewirtz, 2006) and emerged from studies of risk (Waller, 2001). When examining children of schizophrenic mothers, pioneering investigators recognized that many of those children thrived despite of their high-risk status, and this recurring evidence led to increasing empirical efforts to understand the positive adaptational outcomes in the face of adversity (Luthar, Cicchetti and Becker, 2000).

During the first four decades of research on resilience, great strides have been made since scholarly interest in this field has surged, and resilience was widely studied in diverse disciplines of psychology, psychiatry, sociology and biology (Waxman, Gray and Padrón, 2003). Resilience was initially conceptualized as the result of personality traits or coping styles which facilitated children's continuous progress along a positive developmental trajectory under considerable adversity (Waller, 2001). However, as work in this field developed, the conceptualization of resilience evolved from static and individualistic to more collective and abstract. It centered on families and other external factors, and portrayed resilience as the "transaction between individual and environment" (Boyden and Mann, 2005:9) or a "developmental process" through which at-risk individuals were able to cope positively (Yates, Egeland and Sroufe, 2003). This conceptualization of resilience acknowledges its dynamic and multidimensional nature since children's level of adaptation may fluctuate over time within different adjustment domains (such as social competence and academic

performance), meanwhile, resilience depends on active interactions between individuals and environment and is established and maintained through relationships (Luthar, Cicchetti and Becker, 2000).

Recognizing that adversity came in many forms and children were often greatly affected by various adverse circumstances due to their youthfulness and lack of social power, research on resilience expanded to encompass multiple adverse conditions (ibid.). In summary, the concept of resilience is used to denote three major categories of phenomena. The first type is concerned with recovery from traumas such as war and political violence (Richman, 1993); the second emphasizes on better developmental outcomes of high-risk children when encountering risk factors such as urban poverty (Luthar, 1999) and maltreatment (Beeghly and Cicchetti, 1994); while the third refers to sustained competence despite of stressful experience, such as parents' infection of HIV/AIDS (Rochat and Hough, 2007).

Under each category of conditions, the attention of empirical work focuses on understanding underlying protective factors and mechanisms which buffer or ameliorate impacts of risks on children. The protective factors or processes refer to individual or environmental resources which facilitate positive developmental outcomes by operating as a buffering agent to risk exposure (Jenson and Fraser, 2005). They operate through different mechanisms at individual, familial and wider environmental levels, and often correlate and complement one another, however, their effects only manifest in their interplay with risks, and the right combination of those supportive elements can outweigh negative impacts of multiple risks (Boyden and Mann, 2005).

3.1.2 Research evidence on risk

The identification of risk factors was originated from prevention research during 1980s when researchers and policymakers began to place greater emphasis on understanding underlying causes of childhood and youth problems which led to the

occurrence of adolescent problems behaviors, such as alcoholism, drug use, teen pregnancy, delinquency and school dropouts (Jessor, 1993; Rutter, 1979; 1987). This approach by using "risk-based" strategies to prevent childhood and adolescent problems was adapted from public health efforts to identify risk factors associated with problems such as smoking and heart disease (Hawkins, et al., 1992). Through identifying those risk factors and then limiting those that rendered children vulnerable, children could be prevented from later psychosocial problems.

Risk factors, as defined by Fraser and Terzian (2005:5), are those that "relate to any event, conditions or experience that increase the probability that a problem will be formed, maintained, or exacerbated". Risk factors can be internal variables such as temperature or neurological structure which result from unique combination of a individual's characteristics; they can also be external influences, derived from the broad environment, such as poverty or violence that undermine children's healthy development, coping and future adaptation (Boyden and Mann, 2005). Those factors tend to be pervasive and could occur at any systemic level, ranging from individual, family, community to the whole society.

Liddell (2002:97) summarizes the nature of risk factors by describing that they are "multidimensional in origin, interactive in process and cumulative in their effects". This means risk factors are seldom one-dimensional or separate events, however, they tend to cluster together and form links between different risk variables, which are called risk chains (Smokowski, 1998; Rochat and Hough, 2007). These chains are parts of a complex set of person-environmental interactions, and can be a combination of individual, familial and socio-demographic factors which inhibit children's healthy development (Haggerty and Sherrod, 1994). For instance, children living with poverty are often disproportionately exposed to parental unemployment, poor health care, sexual abuse and other complex arrays of risk factors (Garmezy and Masten, 1994). Furthermore, some threats and risks tend to be enduring and extend over time. Losing parents, other than a single event, is regarded as a lengthy process involving multiple

stresses and changes before, during and after death itself, and children need to cope and adapt along this dynamic process (Masten, 2001). If their psychological and emotional capacity is taxed by the overwhelming devastation, an increased chance of dysfunction and negative consequences will occur.

The negative impact of exposure to risks seems to be accumulative. Studies reveal that children's likelihood of showing problem behaviors is positively associated with the intensity and number of risk factors, as well as the persistence of exposure to adverse events (McWhiter, et al., 2007). An empirical study carried out by Rutter (1979) discovered that children exposed to four risk factors within families which had problems such as marital discord, poverty and maternal psychiatric disorder were ten times more likely to develop psychiatric disorders than those who were only exposed to one, and the latter had almost the same chance as children with non-exposure. This may partly be due to the fact that the presence of multiple stresses exacerbate the impact of a given stress since child is an active agent within interactions in the risk chains (ibid.).

3.1.3 Research evidence on resilience

Fundamentally, resilience is a general concept related to positive adaptation in the face of significant challenge. As stated earlier, resilience is now conceived as a dynamic process involving complex interplay of risk and protective factors. Longitudinal studies which followed children's development from birth to adulthood discovered a shifting balance between stressful life events that exaggerated children's vulnerability and protective factors that promoted resilience, and this balance changed over time and within different cultural context (Werner, 1990). Thus resilience is not static, but changeable and multidimensional, containing dynamic interaction at multiple levels. Although definitions of this concept have evolved over time, there is still no consensus on it. According to Killian (2004:42), resilience is variously conceived as:

(1) An outcome for children under adversity but exhibit positive adaptational outcome;

(2) A skill or capacity to cope with difficulties;

(3) A process of adaptive coping; or

(4) A set of person and environmental variables specific to certain developmental stages or contextual circumstances.

Although there are inconsistencies among all the definitions, two points can be acknowledged from them which are "various factors and systems contribute as an interactive dynamic process that increases resilience relative to adversity" and "resilience may be context and time specific and may not be present across all life domains" (Herrman, 2011:260). Meanwhile, a bulk of literature suggests that there is sufficient agreement on many protective factors which significantly contribute to resilience among children (Grotberg, 1995). Those factors are embedded within individual, family and the broad environment in which the person lives.

When Rutter (1979) conducted an epidemiological study on the Isle of Wight and in inner-city of London, he found that children of parents with mental illness did not exhibit maladaptive behaviors, and one of the contributions was children's individual characteristics. Benard (1993) identifies that resilient children shared four common attributes, which are social competence, problem-solving skills, autonomy, and sense of purpose and future. Resilient children also have an appealing temperament and at least average intelligence, demonstrate self-efficacy, and make good use of social skills (Haggerty, 1994). Generally, resilient children are often flexible and adaptable, remain hopeful about future and actively attempt to assume control over life (Punamaki, 1987). Meanwhile, socially competent children take a proactive approach to problem solving (Clemente, 2001), have capacity to shield themselves from simplistic interpretation of difficulties, and are able to identify alternatives to stressful circumstances through lateral thinking (Garbarino, Kostelny, Dubrow and Ullmann, 1991).

The quality of family environment is vital to children's development of resilience since it is parents and families that provide the first protective agents in children's environment (Clemente, 2001; Masten, Best and Garmezy, 1990). Hence, caring and structured family environment which holds high expectations for children' behavior and encourage meaningful participation in family life are identified to be important protective factors (Wang, Haertel and Walberg, 1994). Werner (1990) points out that most resilient children are able to establish a close bond with at least one supportive adult who constantly offers stable care and affection. Rutter (1990) especially emphasizes the importance of good parent-child relationships which are more likely to protect children against adversity on later stages of life. However, when there is an absence of a parent, grandparents and older siblings emerge as important alternative caregivers and play important role as stress buffers (Werner, 1990).

Although a great number of research has focused on individual resilience, the concept is now applied to larger social systems such as families, organisations and communities (Waller, 2001). Grotberg (1995) proposes that resilience is a "universal human capacity", and it is not only individuals, but also groups and communities that have the capacity to prevent, minimize and overcome effects posed by adversity. This implies that communities have strengths to foster resilience as well, and support from a facilitative environment promotes development of resilience. Communities have direct and indirect influences on children since children are part of this system which nurtures and shapes their fundamental briefs, and exerts broad cultural and normative influences on them (Clemente, 2001).

Neighborhoods, schools, businesses and governments are important parts within this multifaceted influence, among which social organizations promoting human development play a vital role (ibid.). Research evidence shows children's well-being calls for engagement and participation of multiple community forces and sectors, and connectedness to those external support networks serves as an important protective

factor (Resnick, et al., 1997). A sense of belonging provides children with security, and broadened social support makes them easier to access support (Killian, 2004). Newman (2005) reinforces this by arguing the significance of social capital within communities. Great connectedness, existence of mutual trust, confidence in local institutions and supportive networks make families and communities manage to avoid and minimize multiple risks for children through a variety of strategies (Rochat and Hough, 2007).

Social support from peers, one kind of community resource, can greatly contribute to children's resilience. It is acknowledged that resilient children tend to be well liked by their playmates and classmates despite of their impoverished and discordant background (Werner and Smith, 1992). This positive peer relationship may enrich and expand resilient children's quality of life since they are able to develop attitudes and values, and learn to share and nurture each other. This process may stimulate the emergence of other protective mechanisms such as enhanced self-esteem and ability to develop other meaningful relationships (Boyden and Mann, 2005). These relationships are particularly important for children reaching middle childhood and adolescence (ibid.). Positive peer support is proved to be helpful means for children affected by HIV/AIDS in Malawi since girls felt strong and less lonely while sitting with friends, discussing problems and sharing secrets (Mann, 2003).

Within communities, schools also supplement protective factors from individual and familial level. Rutter (1979) discovers that school environment is able to contribute to children's resilience, since school fosters children's sense of achievement, promotes their growth and provides them with more opportunities to develop social contacts. Given the tremendous stresses experienced within family systems, school has become a vital refuge for at-risk children. Since children spend a considerate amount of time at school, effective schools have the potential to offer major sources of protective factors. Effective schools can help children form positive experience by providing them with pleasure and a sense of mastery in academic learning, extracurricular

activities, shared responsibilities and good relationships with peer and caring adults (Killian, 2004). Research evidence also points out the positive influence of teachers or mentors on children in adverse conditions (Werner, 1990). Reported by resilient youngsters, a favorite teacher was "not only an instructor for academic skills, but also a confidant and positive model for personal identification" (Werner and Smith, 1989:162).

Therefore, resilience of children under adverse conditions is mediated and influenced by various protective factors among multiple levels, and is highly dynamic and changeable. These protective factors operate in different ways by reducing or buffering the impact of risks, interrupting negative risk chains, promoting self-esteem and self-efficacy or providing new opportunities for hope and positive experience (Killian, 2004:54-55). The strength of influences exerted from protective factors on children's developmental outcomes depends on the level of risks, and it can be quite benign when risk is low (Fraser, Richman and Galinsky, 1999). Meanwhile, just as risk factors may cluster within a given person, protective factors also tend to co-occur to some degree (Gore and Eckenrode, 1994), and are changeable within different context and situations, or even become a source of risk.

Nevertheless, a review of the existing literature indicates certain shortcomings, among which strong criticism lies in the failure to consider risk and resilience in the context of culture and class. Most research evidence is based on middle-class, European-American samples and it would be problematic to generalize them to other population since particular societies have their own understanding of children's risk, capacity and normative child-rearing practices (Waller, 2001). From this point, the case study here is able to broaden the scope of resilience by introducing Chinese samples, thus helping fill a gap within resilience study. Meanwhile, human ecology theory also informs the importance of active interactions between human and their environment since children are active agents who learn to think, speak and behave within this framework (Boyden and Mann, 2005). Like the development of resilience,

child development is ecological and transactional, and gradually evolves through active interaction with family, community and the larger societal system. Thus children's worldview and beliefs on issues such as risk and resilience are greatly influenced by local practice and meaning attached to them. Therefore, concepts such as risk and resilience should be applied within specific social and cultural context with great caution.

3.2 Analytical framework

Despite the on-going debate on the operational definition of resilience, the literature review greatly supports the view that resilience is dynamic and multidimensional, and can be best understood in an ecological perspective which regards resilience as the product of continuous transactions between individual and multiple systemic levels (Waller, 2001). The *ecological perspective* is "a way of thinking and organizing knowledge that emphasizes the interrelatedness and interdependency" (Queralt, 1996:17), and it provides a good context to understand concepts of risk and resilience over children's development course (Jenson and Fraser, 2005). This perspective is consistent with the human ecology theory which proposes that human development is greatly influenced by mutual progressive accommodation between growing organism and the environment that it embeds in (Bubolz and Sontag, 1993:419).

Extensively relying on human ecology theory, Bronfenbrenner (1979) created an ecological model of human development that emphasized on the importance of contexts in which people develop (Figure 2). Bronfenbrenner's theory (1979; Bronfenbrenner and Morris, 1998; 2006) recognizes the complex reciprocal interactions between the individual and the entire ecological system in which people develop. Humans are not only biological organisms but social beings, are actively involved within the world around them, and even create circumstances of their own development (Boyden and Mann, 2005; Bubolz and Sontag, 1993:419). The course of their development is shaped by their disposition, attitudes and also demands on the environment. Changes occur within this course can be imposed by external

environment, or even emerge from children since they actively select, modify and create their own experiences (FaHCSIA, 2009).

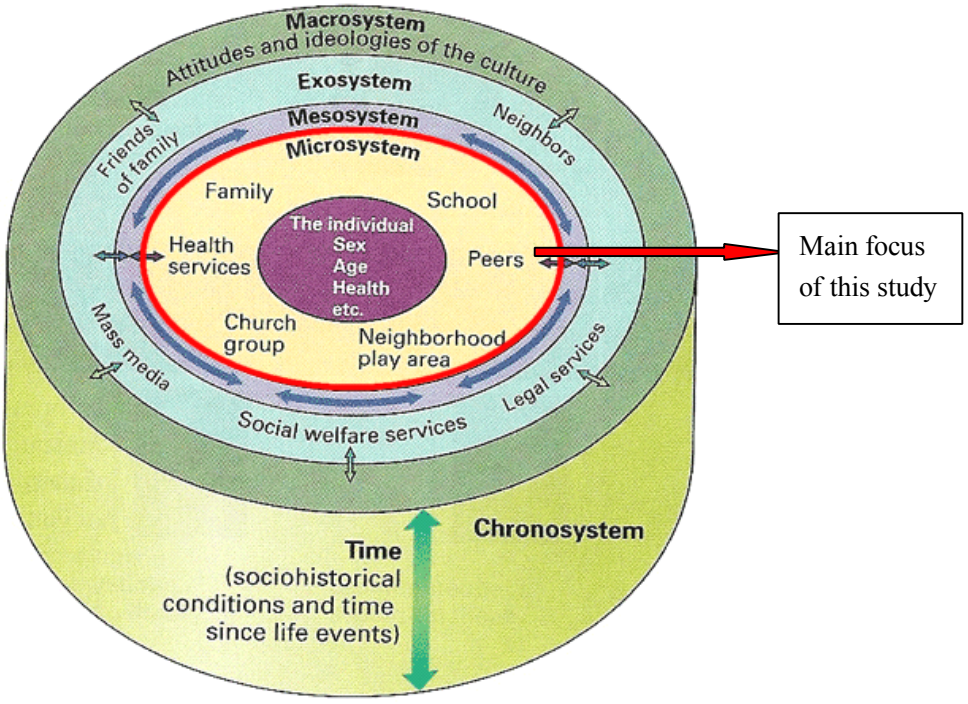

Figure 2: Bronfenbrenner: ecological theory of child development

Source: Santrock, 2007 cited in FaHCSIA, 2009

Bronfenbrenner argues that human development is supported and influenced by five socially organized subsystems, ranging from direct relationships between individual and the immediate environment to broader institutional patterns of culture. The five systems are microsystem, mesosystem[7], exosystem[8], macrosystem[9] and chronosystem[10]. Among them, microsystem refers to the pattern of activities, social roles and interpersonal interactions experienced by individuals within their immediate environment, for instance, the interactions between children and their family, school

[7] The mesosystem consists of linkages and processes between two and more microsystems in which the individual is actively involved. This can be illustrated by example of relations between family and school.
[8] Linkages and processes occur between at least two social settings which only have indirect influence on individual are called exosystems. Exosystems include relations between families and parent's workplaces.
[9] The macrosystem is a societal blueprint for a given culture, and it consists of beliefs, customs, norms and ideologies embedded within these broad systems.
[10] The chronosystem refers to the cultural and historical changes that transform both the individual and the environment.

and peer groups. This study will mainly focus on this system due to the fact that children's stable development is most influentially shaped by face-to-face interactions between children and other groups since those interactions are likely to develop repetitive and predictable patterns (Bronfenbrenner, 1979; Killian, 2004). Such relationships within this system may either contribute to or prohibit children's development, and their influence depends on children's way in perceiving these relationships. Thus, the analysis of data will be processed within this system, and the direct interactions between individual, family, school, peer and neighborhood will be explored. As mentioned above, culture within macrosystem also plays an important role in shaping children's understanding of risk and resilience, thus its implications will also be used to interpret human activities and interpersonal interactions.

Adopting Bronfenbrenner's approach, Killian (2004) proposes an integrative model of resilience in the context of HIV/AIDS. This model has explicated the way in which HIV/AIDS may make children vulnerable, and how external support can buffer negative influences and contribute to the development of children's resilience. Since it applies the principles of social ecology and those associated with risk and resilience, the model emphasizes the dynamic and interactive relationships as well as the multidirectional influences between various components within different systems (ibid.). Killian (2004) attempts to apply evidence found within resilience literature to children affected by HIV/AIDS, and argues that besides the internal personal strengths within an individual, certain families and communities have protective factors that can foster the resilience of HIV impacted children.

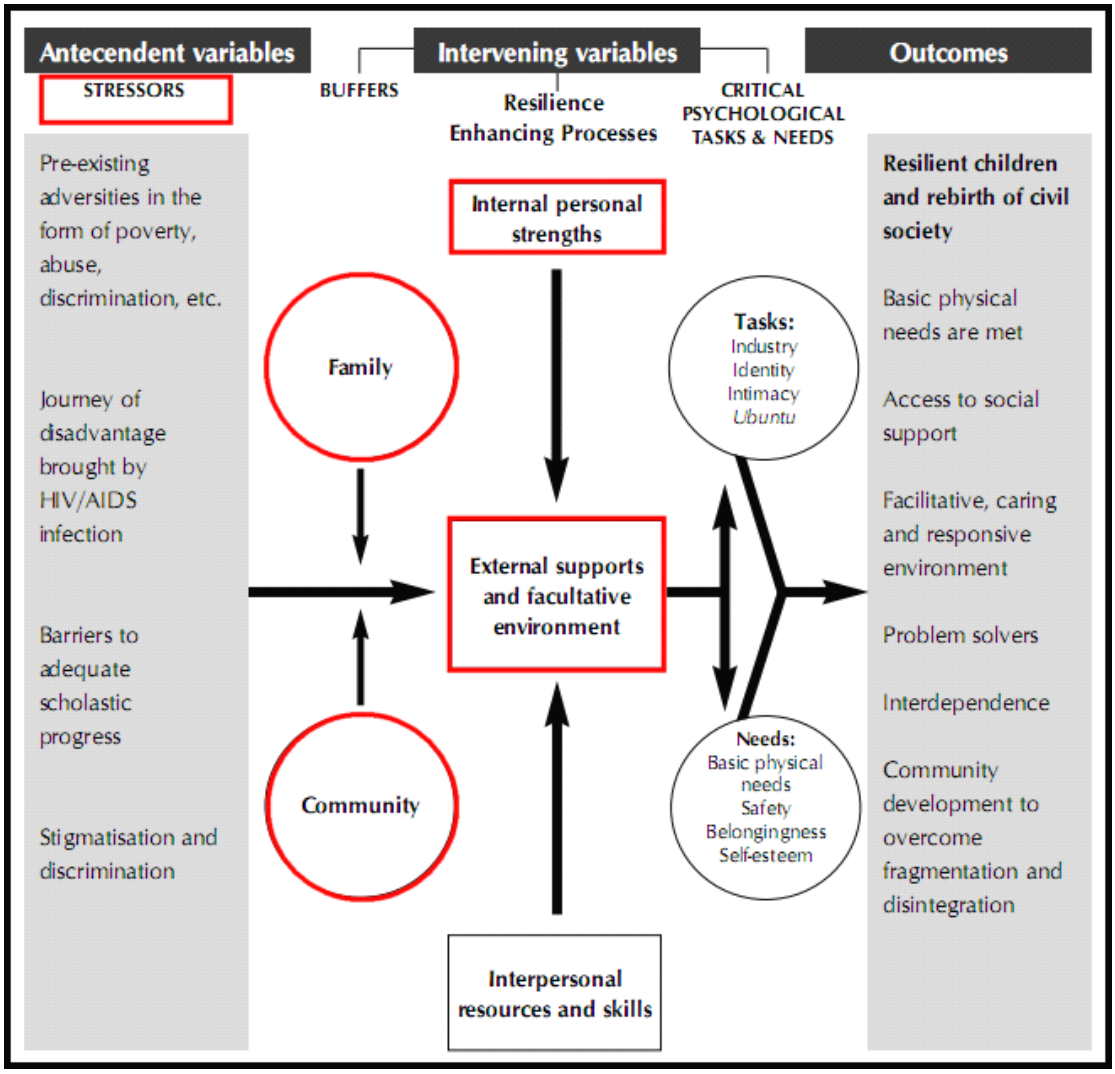

Figure 3: An integrated model of resilience in the context of HIV/AIDS

Source: Killian, 2004, p.53

3.3 Operationalization of the framework

Based on Killian's model, the research will conceptualize resilience as an interrelated developmental process, which contains complex interplays between risk and protective factors from individual and environment. Components of *Stressors*, *internal personal strengths* and *external supports and facultative environment* (mainly family and community) highlighted in red and bold within Killian's model will be explored in the specific context within the case study. However, to be consistent with resilience literature, the concept of *stressors* will be replaced by *risks*. Since the research mainly focuses on microsystem, thus the facultative environment stated in

the model will only refer to family and community. Accordingly, the study will explore internal personal risk and protective factors and those within family and community.

Great values will be given to children's voices and perceptions, since children play an active role in negotiating risky situations and responding to adversities, and their personal appraisal of circumstances is more significant than the nature of the event itself. Thus the research will adopt a qualitative approach to explore risk factors perceived by children affected by HIV/AIDS that make them vulnerable (addressing research question one); and protective factors within individual, family and community that are experienced by children to be useful in enhancing their resilience (research question two). Comparisons will be made between the existing evidence in resilience literature and findings drawn from this research, thus helping fill a gap within theory and research in this field. From this point of view, the research is initially inductive, but also deductive.

4. METHODOLOGY

4.1 Research design and strategy

This study has adopted a qualitative single-case study design and is characterized by in-depth analysis of a contemporary phenomenon within a real-life context (Yin, 2009:13). The defined case of this research is the resilience of HIV impacted children in village Y in Henan Province, China. Since evidence in resilience literature points out that children's resilience is closely linked to the complexity of interaction within environments where children live and grow, the case study method will be suitable to cover contextual conditions which might be highly pertinent to the phenomenon of study (ibid.:13). Meanwhile, due to the fact that little research has been done on this topic, the research includes an element of revelatory case, and will hopefully contribute to theory and research on resilience (Bryman, 2008:56; Yin, 2009:42).

Due to the exploratory nature of this research, a qualitative research strategy has been employed that has the potential to comprehensively understand human actions and meanings attached to them. Ungar (2003:85) points out several advantages of qualitative research which make it ideal to studies of health and resilience in children. For instance, qualitative method has the ability to discover unnamed context-specific variables and processes, to attend to the contextual specificity of health phenomena, to produce thick description of lives and also to challenge standpoint bias of researcher that orient findings toward an adult-centric perspective.

In order to improve the quality and validity of research, the study has applied participatory research methodology since the focus of the study is on children's situated subjective experience (Rochat and Hough, 2007). It is gradually recognized that children have valid insights into their well-beings and are actively involved in construction of meaning of their experience, thus there are values in incorporating them into research process (Christiansen and James, 2002). Storytelling, drawing and photo elicitation which are three important participation methodologies have been applied since they can free children from anxiety and develop some emotional distance when talking about difficult issues, thereby better tapping into their subjective experience (Waller, 2001:295). During this process, risk and protective factors, and underlying mechanisms which were not apparent to participant-observer researchers have been revealed and understood.

4.2 Data collection methods

Multiple data collection methods within qualitative approach have been adopted so as to generate complementary insights on children's resilience. The major sources of data have been individual interviews, focus groups discussions and observation. Data were collected during the period from November 2011 to January 2012. In total, 2 focus group discussions and 14 individual interviews with HIV impacted children from village Y in Henan Province were conducted. In order to guarantee confidentially, pseudonyms were used to the village and also all the children participated in the

research. The presentation of data sources has been attached in Appendix I.

The research initially applied the purposive sampling to target relevant participants (Silverman, 2005:129). Since the subject of the research was HIV impacted children, therefore, children selected were those who were under the age of 18 and had at least one family member infected by HIV/AIDS. Meanwhile, the sample should be a mix of gender. If there was more than one child in a household, only one child would be selected so as to avoid bias associated with shared background factors. The research also adopted a developmental approach aimed to examine children's experience over a range of age groups, thus 2 groups of sample were selected, with one including school-aged children aged from 8-12 years old and the other including adolescents aged from 13-17. In reality, the purposive sampling was accompanied by convenience sampling (Bryman, 2004:100) which could immediately direct me to follow-up contacts within constrained time frame. Initially, it was one staff member in CH foundation who directed me to the village, and later I got contact with a woman in that village who became my new key informant and helped me arrange relevant participants to interviews.

4.2.1 Observation

Non-participant observation was used during my presence in the village with my key informant. We walked around the village, observed people's daily lives, and visited a local social enterprise project sponsored by CH foundation to support HIV affected women and a local "Harmony Home" for HIV impacted children. Meanwhile, I also followed a fieldworker of CH foundation to home visits to HIV affected families, through which I was able to observe the housing, furnishings and harvested crops, listen to their stories, and ask relevant questions. This method allowed me to record their behaviors, norms and living situations, thus adding new dimensions in understanding the local context and phenomenon being studied. This evidence was also helpful in the interpretation of findings during the data analysis phase. I also took some pictures so as to save vivid memories (Yin, 2009:93). The reliability of this

evidence was increased since I was not a single observer, but observed with my key informants.

4.2.2 Focus group discussion

Two focus group discussions with two age groups were undertaken in "Harmony Home" which seemed to be a safe playground for children. Thus children were able to attain comfortability and security, thereby facilitating sincere answers. The first group discussion contained eight children aged 13-17, while the second involved ten children aged 8-12 with a mix of gender. The focus group discussions were used due to their advantages on "elicitation of a wide variety of different views of participants in relation to a particular issue" and the "opportunities to study the ways in which individuals collectively make sense of a phenomenon and construct meanings around it" (Bryman, 2008:475-476). During the focus group discussions, children were encouraged to discuss topics around popularity, health, risk and protective factors, and availability of support. All of the generated findings helped gain a comprehensive picture in understanding children's subjective perception on these issues.

All of the focus group sessions began with an introduction of the purpose of the discussion, so as to ensure children understood what they were doing. Photo elicitation was used to prompt children's perceptions, which turned out to be a useful research tool. The photos of other children helped create some emotional distance and make the children feel more comfortable to talk about topics such as the kind of risks children in their ages would experience. Through these discussions, various risk and protective factors emerged and the ways in which they influenced children were explained in general.

4.2.3 Individual interview

Individual Interview was identified as one of the most important information sources of case study, and it has been used as the major data source of this research (Yin, 2009). The purpose of individual interviews with key respondents was to understand

HIV impacted children's personal experience of risk and protective factors, and the underlying mechanisms to their vulnerability and enhancement of resilience. All the interviews were unstructured, however, several broad open-ended questions were embedded and naturally covered within the flow of interviews[11]. The interview took place in two phases, with nine face-to-face interviews conducted in November 2011, and five on-line interviews undertaken in January 2012[12]. The reason for that was practical access constraint. The local government was quite cautious about strangers coming and my key informant could only support me to stay in the field for a short period of time. Thus on-line interview became a good choice to reach those children.

All the face-to-face interviews began with drawing, that is, selected children were asked to draw their life story diagrams and wrote or drew events that were good and sad. This method proved to be suitable to research with children since participants expressed themselves more openly and honestly in drawing, and those pictures also served as a stimulus for questioning. However, some challenges still occurred during the interview process since some children cried when we discussed some sensitive issues, and I had to console and encourage them. Nevertheless, this shortcoming was unseen in on-line interviews, which might due to the fact that physical absence of interviewer reduced the stress of interviewees (Bryman, 2008:457). Since storytelling has the advantage for children to deal with emotion in a culturally approved and self-paced manner (Rose, 2007), children were asked to tell their life stories in the beginning of on-line interviews, and probing questions were naturally followed. However, on-line interviews were lengthy and interviewer had less control on the concentration of interviewees. Despite that, both interviews generated detailed and valuable information to this research.

Meanwhile, three informal interviews were also conducted with fieldworkers of CH Foundation who also came from HIV impacted families. As part of their work, they

[11] Please refer to Appendix III.
[12] 7 interviews were conducted with children aged from 10 to 12, and evenly 7 were with children aged from 13-17.

needed to pay home visits and encourage children to return to school. Therefore, they had a good knowledge of those children's situation and their problems due to their constant interaction with them. Although interviews with fieldworkers could not replay children's voices and perception, they were valuable in providing me with different angels and additional information, and helped me cross check data gathered from HIV impacted children.

During all the interview processes, I used a high-quality of digital recorder so that the interviewees' tone and pauses could be recorded in a permanent form and different interviewees' voices could be distinguished (Kvale, 1996:160). All the data was transcribed by myself word by word because I spoke the same language as them. However since none of the interviewees spoke English, thus all the direct quotations in the thesis were translated versions of their accounts. It is also important to mention that the translation might make some questions or answers in the transcripts seem to be not asked or answered in an appropriate way, but indeed the Chinese version was suitable in Chinese context.

4.3 Reliability and Validity

Yin (2009:34) proposes four criteria to judge the quality of case studies that are construct validity, internal validity, external validity and reliability. However, as the internal validity only refers to explanatory or causal studies, this criteria will not be discussed here due to the exploratory nature of this research. In order to enhance construct validity, data have been collected from multiple sources. The research not only adopted methods of interviews and focus groups discussions with HIV impacted children, but also relied on reviews of previous studies, interviews with fieldworkers and also observation which together provided different angles to cross check data collected. External validity is concerned with the problem of generalization, however, through analytic generalization, findings generated from the research had the potential to contribute to broad resilience theory. Regarding reliability, all the relevant concepts have been carefully examined based on previous research evidence. Meanwhile, the

researcher also attempted to explicitly describe the whole research processes and keep all the relevant materials in good order, thereby facilitating the process of tracing back.

4.4 Ethical considerations

Participatory research methodology highly demands children's active participation, thus ethical concerns became a crucial issue during my research process. The research was initially guided by two important principles of child participatory methodologies, with one being least harm and the other being the recognition of children's capacity and thinking styles in different development stages (Clacherty and Kushlick, 2004).

Although I had gained some experience in doing research with vulnerable children before, it was still challenging since their participation would lead to recollection of emotional wounds and traumatic experiences. This became apparent when some children shed tears, mentioning their parents' death or illness. However, I saw some benefits of the interviews. Most children who participated were introversive and regarded their trauma as secret, these interviews, however, provided them with a chance to externalize distressing experiences and psychologically process them, thereby gaining a sense of control over those events (Killian, 2004). In the end, all children received the researcher's positive encouragement, so that they could feel warmth and care. Meanwhile, all children participated had already been part of an on-going support program, therefore they would receive follow-up support and referral after the research.

Before the interviews, children were informed of the purpose of the research and voluntariness was stressed. The researcher both asked for informal oral consents from children and their parents on participating in the research. Children were also told that they could stop the interview at any time when they felt uncomfortable. Anonymity was granted to all the children which meant that the researcher did not ask for their real names and contact numbers, and only their pseudonyms would appear in the

thesis. Meanwhile, all photos were taken by the staff member who would make sure that only their side faces were exposed. All the face-to-face interviews were taken in "Harmony Home", therefore children would feel supported, safe and comfortable within this caring place.

5. ANALYSIS

The literature review implies that children within adverse life circumstances will encounter multiple risks, but also have various protective factors across multiple systemic levels which could buffer negative influences. This section will analyze the empirical data gained from this case study of HIV impacted children and explore children's perception and experience on risk and resilience within Chinese context with a focus on Henan Province. The analysis starts with an exploration of context-specific risks and their influences, followed by an examination of protective factors perceived and experienced by HIV impacted children as well as their important underlying processes through which resilience could be developed and enhanced.

5.1 Risk

5.1.1 Internal personal factors

Several personal factors that made a child less likable by others included being stingy, naughty, having a bad temper, wearing ugly clothes and having a plain face. This suggested that children who were rude, undisciplined, selfish and possibly disrespectful to adults tended to be less popular among children. However, those factors seemed to be not just restricted to HIV impacted children, but made them even less liked by others. Besides, children gave particular emphasis on the importance of a child's family background which referred to the absence of HIV/AIDS. Children in both groups agreed that children who were HIV infected, had parents with HIV/AIDS or lost parents were usually isolated by other people due to stigma and discrimination.

This resulted in negative consequences of self-containment, sense of diffidence, and impaired social interaction, which made children even isolated by peers and people around. Meanwhile, children in the older group suggested that because of HIV/AIDS, a child without guidance from adults were more likely to do wrong things such as stealing and fighting, and those behaviors were not accepted by the community.

F: Why this child in the photo is not liked by other children?
P1: Maybe he is influenced by his family background, self-reclusive.
F: What else?
P2: Maybe he doesn't actively talk to others.
P1: (He) seldom meets and talks with people, living in an isolated world.
P: Anything else?
P3: People look down on him.
(Focus group 1, 13-17 years)

F: refers to facilitator; P: refers to participant

Children's identification of those personal factors such as being rude, undisciplined and disrespectful which led to their unpopularity was deeply rooted in values and culture within Chinese context. Confucianism has been advocated in China since the Spring and Autumn Period which attaches great importance to the cultivation of virtue and maintenance of ethics, thus the reverence from a junior to their parents and elders is greatly valued (Zhu, 2006). Chinese traditional family culture is therefore dominated by parent's authoritative consciousness, which emphasizes children's obedience and respect. In Chinese mind, "a good child" is someone who is obedient, polite, sensible, and follows instructions. This specific value within the community guides the appropriate ways for children to behave, and children's positive impressions will usually make others in favor of them, thereby facilitating access to external support through those positive relationships (Rochat and Hough, 2007).

5.1.2 Familial factors

Losing parents: Among repeated hardships pointed out by children in focus groups and interviews, the death of parents was regarded as the most significant event that greatly influenced their well-beings. According to one interviewee, almost half of

children in this village were from single-parent families. Children expressed their feelings by saying "very painful and hopeless" (Miss, 13 years) and "I felt that I couldn't survive since my parents were my mountains and now they have fallen down" (Weiwei, 17 years). These statements were consistent with the literature which stressed the enduring effects of parent's death that made it a significant risk factor to children (Masten, 2001).

As reported by children in their storytelling, they subsequently encountered multiple stresses and threats before, during and after the death of their parents. These included the aggravated poverty due to expensive medical treatment, deprivation of schooling and declined sense of security and confidence. Because of the loss of the breadwinner within a family, children, especially the elder tended to quit school and work to support their family. Another risk associated with losing a parent was the deteriorated community interaction. Children were constantly exposed to verbal abuse from peers by labeling them as "a child without parent's love" (Qiqi, 14 years), and unequal judgment and treatment by community members. Weiwe, a girl expressed her unhappy experience that whenever she did wrong things such as stealing two corns from the land, people would vituperate her to be a child without education from dead mother, while they would only scold others to be too naughty.

It is also noteworthy to point out the psychosocial impact linked with parent's death. This influence started with children's awareness of their parents' illness and continued along all stages of the "HIV/AIDS road". Thus children from those families tended to live in a state of flux, accompanying with a sense of instability and insecurity. Interview with one fieldworker highlighted that some children would generate a sense of guilt and own all faults to themselves. They thought that their parents would not die if they could have come home more frequently and taken good care of parents. Meanwhile, the absence of care and love from parents and constant exposure to stigma and discrimination increased children's sense of hopelessness, and some described themselves as living in a "cold" world (Interview with Miss, 13 years). It

was apparent that children who had lost their parent were more silent and introverted than others who still lived with their sick parents, and those children kept lowering their heads and talking in small voice during the interview process.

F: Do you think that your father's death is a great trauma for you?
P: Yes.
F: Can you talk about your feelings and reaction?
P: I though it was a dream, but it was true. My tears couldn't help running out from my eyes. I was extremely sad.
F: What were the influences of this event on you?
P: Maybe my confidence was decreased.
F: On what aspect? Can you explain more?
P: On life, study...
F:Can you give me some specific examples?
P: I didn't feel like going to school, and I kept things inside.
F: What difficulties did you face after your father passed away?
P: People laughed at me.
F: What did people say to you?
P: They said I was a child without father loving me.
(On-line interview, Qiqi, 14 years)

Illness of care givers: The most common situation of children from single-parent families was that their living parents became migrant workers and their grandmothers became primary caregivers and sources of stable care. Unfortunately, many of those grandmothers were also sick and old. During the interviews, those children reported that the illness of their grandmothers made them worry a lot, and their feeling of loss would be aggravated if they passed away. This anxiety was also expressed by children not from single families but had at least one parent affected by HIV/AIDS, and they regarded the illness of their parents as the most unhappy event in their life. Their awareness of care givers' illness resulted in children's extreme anxiety and sometimes obsessive rumination about the potential loss of their loved ones. This emotional stress not only distracted children's concentration on study and lowered their confidence in the future, but also affected their attitude toward others, resulting in deteriorated interpersonal relationships.

F: What impact did your mother's illness on you?
P: I was worry about my parent, and I lost my confidence in study.
F: Can you give me some examples? What did you do and think?
P: I lost my mind in class.
F: What were you thinking about at that time?
P: I was thinking how to cure my mother's disease.
(On-line interview, Xiaojian, 14 years)

Similar to the consequences of death of the parents, children with parents infected by HIV/AIDS were often exposed to discrimination from and isolation by peers, and the increased poverty was perceived to greatly affect children's living standard. Children in some families hardly wore new clothes but old ones from their cousins, and their families could not afford to buy meat for meals. Thus the loss and illness of care givers often triggered some risk chains, which made children exposed to more risks.

Poverty within family: As mentioned above, the eruption of this epidemic in China derived from selling blood due to poverty, and this disease in turn led to the exacerbation of poverty through multiple ways such as the exhaustion of financial resources in looking after the sick parents, the inability of parents to work due to illness, and the disintegration of family structure (Shang, 2008). Besides, poverty in this study area could also be triggered by local custom of building new houses for sons as a necessity to marry a girl, which made many families run into a high level of debts. This vicious cycle usually pushed families over the edge into total despair and left children, especially those orphaned or from single-parent families with no financial support and protection.

Some relatively healthy parents became migrant workers, while sick parents had to depend on 2-3 acres of land without any sources of income. Most of children experienced repeated hardships in their childhood, such as starvation or difficult survival on steamed corn bread and porridge. The situation even became worse if a family member suffered from unexpected accident, for example, a girl named Weiwei (17 years) had to become a child laborer in a coastal city when she was 14 years after

her mother's death and father's traffic accident. Therefore, children's rights under UNCRC could hardly be guaranteed under circumstance with high HIV prevalence and a high level of poverty.

Although there are some welfare systems in China which provide financial subsidies to double orphans, the majority of HIV impacted children from single-parent households do not have access to benefits. This study area also implements a 'dibao' (minimum living security) system to provide subsidies to poor households, however, the corruption of local government excludes the poorest of the poor out of waiting list, since the subsidy can only be applied through some sort of relationships (Pers. communication with local villagers). Some children worried that they might have lost the only income. Regarding education, families' burdens were eased due to the free nine-year compulsory education, however, children still worried about extra expenses on buying school supplies. Besides the influence on children's health and well-being, poverty was also perceived to affect their self-esteem and confidence. For instance, some children would regard themselves as inferior than others from more affluent families, and some girls might be bothered by not affording to buy birthday presents for their best friends.

Domestic violence: Besides the loss of parents and poverty, some children also gave great concern to the intrafamily conflicts between parents or associated with other intimated family members. This conflict was often triggered by disagreement on attitude toward child education or family decision-making. In the case of Lixue, her mother was very strict with her academic ranks in school and she would be scolded whenever she failed to be number one. As a result, quarrels began between her parents since her father wanted to protect her. Lixue shed tears and said that she felt completely ignored and extremely sad when parents quarreled. High expectation from parents was stated in some literature to be a protective factor (Wang, Haertel and Walberg, 1994), however it might become a risk when parents paid excessive emphasis while children failed to achieve the desired goals, which could lead to

children's loss of hope and self-reproach. This domestic conflict could also indirectly affect children's concentration on study and their peer relationships. Reported by Haitao (16 years), he experienced parents' conflict once or twice a week, and he gained a terrible temper afterwards: "I would not let anyone say a word, otherwise I offended them".

5.1.3 Factors within community

Stress from study: When asking children in both groups what made them feel worried and sad in their daily life, almost 36% of children answered the bad academic achievements. This stress from study not only affected children who often failed the exam, but also those who performed well and received high grades. For example, children wrote in their pictures that "I am worried that I can't get the first prize during this exam" (Liman, 12 years) and "There are too much homework and I will be scolded if I don't get a high grade during exams" (Yangyang, 13 years).[13] It can be seen that children greatly suffered from tremendous pressures from study and these stresses not just due to the great amount of homework, but also high expectations from schools and parents.

Because of the exam-oriented education system in China, grades and ranks are considered to be the most important measures to children's intelligence and going to top university is closely associated with bright future (Lin, 2011). Meanwhile, China's traditional culture emphasizes individual's responsibility to bring honor to ancestors, which has become the scholar's goal to pursue. Thus children are taught to only concentrate on study with other abilities of surviving society untouched, which is not beneficial to their overall development (Wang, 2011). Although the academic burden may be universal to the whole Chinese population, it may be more detrimental to children within HIV/AIDS context by adding more stresses that cause deterioration in their self-regulating system, resulting in low confidence and confusion about future.

[13] Please refer to Appendix IV.

Stigma and discrimination: Following the loss of parents, the isolation and discrimination from peers was ranked by children as the second painful experience. Both the young and old age groups reported adverse experience of stigma and discrimination in terms of physical, verbal abuse and social exclusion, which commonly took place within schools and neighborhoods. As discussed before, children commonly suffered from social isolation because of the double blow of parents' infection and poverty. Once their parent's illness was disclosed, children tended to lose friends and were commonly teased and treated differently by peers and adults within the community. This isolation exposed children to great emotional hurt, and the increased sense of loneliness made them become silent and introverted. A boy (12 years) during the interview named himself "Miss", because he kept thinking about the warmth and care from friends which were totally lost due to his father's death of HIV/AIDS. Some girls from young age group even reported to be frequently beaten by boys in school without any reasons, and teachers' ignorance of the bullying led them to repeated exposure to abuse. On the other hand, older children grew to be more self-sufficient, however, they still found the discrimination harmful since it greatly affected their self-esteem and would sometimes result in fighting and conflicts between peers.

F: What kind of hardships will this child go through?
P1: Her parents have "that illness" [14]
P2: Her classmates will laugh at her.
F: Why will them laugh at her?
P2: They laugh at her because she looks ugly, wears old clothes and has lost her parents.
F: Okay, then how will she feel?
P1: She must be heartbroken. She will not respond to them and sadly go back home alone.
Focus group 2, 8-12 years

Addiction to computer games: Although the study area was afflicted by overwhelming poverty and digital products such as computers were regarded as luxury goods in the community, children from old age group also identified potential risks associated with addiction to computer games. Two boy aged 13 and 14 reported

[14] In this area, people avoid talking about HIV/AIDS, but use "that illness" to refer to HIV/AIDS.

that they had played computer games for almost three years in the Internet bar and the addiction was initially driven by curiosity and began by following their peers. In this circumstance, supportive peer relationships may conversely draw children into risky situation by leading them to fall into unhealthy habit. The greatest effect of Internet games perceived by them was distraction on study, reflected by declined grades and delayed completion of homework. Due to parent's death or illness, the lack of proper intervention and guidance from parents might leave children further out from a positive developmental trajectory. On the other hand, computer games seem to be a coping strategy for children, since they had fictitious figures within an imaginary world which made them forget or escape reality.

F: How did going to Internet bar affect you?
P: The primary influence was, yes, on study.
F: How did it influence your study?
P: Hmm, anyway, I succumbed to the temptations. After I learned to use Internet, study always came last. I played computer games until late Sunday, so I had to bend over the desk and wrote homework upstairs.
Interview, Dongdong, 13 years

5.1.4 Summary

Children affected by HIV/AIDS in this study area were constantly exposed to multiple risk factors which occurred at individual, familial and community level. Risk factors identified and explained by children have been listed in Table 1. Those risk factors might stem from the individual himself/herself due to their own disposition or be triggered by HIV/AIDS and domestic violence, which directly influenced interpersonal relationships. Risk factors might also come from the broad societal level, and thus children were also influenced by institutional structures, social norms and culture within Chinese context. Some of those factors such as stingy characteristics, disrespectful attitude and stress from study were not only restricted to HIV impacted children, however, they added more pressures to children and made them more easily isolated by people. It was also noteworthy to point out that different risk factors had different influence powers, and among them, the loss of parents was regarded as the

most significant one, followed by the isolation and discrimination from peers.

It was apparent that risk factors often clustered together and children in this area were significantly influenced by risk chains triggered by overwhelming poverty and HIV/AIDS. Initially, poverty increased the prevalence of HIV/AIDS, which led to the illness, death of parents and aggravated poverty. Then, the enduring effects exposed children to severe discrimination and social isolation, school drop-out and unhealthy habits such as addiction to computer games. Those risk factors might align with other factors such as domestic violence and excessive stress from study, and their effects might be accumulated and exacerbated within the complex set of person-environmental interactions. Those risks might result in negative psychosocial impact such as elevated distresses, decreased self-esteem and confidence, as well as lack of hope and bonding, which significantly impact children's wellbeing and healthy development.

Table 1: Context-specific risk factors for children within their microsystem

Individual level
Being stingy and naughty
Having a bad temper
Being rude, undisciplined and disrespectful to adults
Wearing ugly clothes and having a plain face
HIV affected
Doing wrong things: stealing and fighting
Family level
Losing parents
Illness of caregivers
Poverty within family
Domestic violence
Too high expectation from parents
Lacking guidance from adults
Community level
Stress from study
Stigma and discrimination:physical, verbal abuse and social exclusion
Addiction to computer games

Source: Author

5.2 Resilience

5.2.1 Internal personal factors

The positive temperamental characteristics identified by children from both groups that made a child liked by others included being lively and open, obedient and respectful, and easy-going and sociable. Children who were sensible to do all one's chores and help parents with housework, willing to share and help others with study, gained good academic achievements and possessed good communication skills were also liked and appreciated by peers and other people in the community. Besides, strong will and optimism were emphasized by younger group of children and the older children recognized that a sense of self-reliance and strong responsibility were great energies that driven them toward positive copying of adversity.

Meanwhile, an internal locus of control, which was highlighted by Werner (1990) and other scholars played an important role in children's positive adaptation. The belief in a person's competency and capability in changing current adverse environments greatly motivated the children to figure out effective strategies to mitigate risks and create better lives through their own endeavors. This kind of strong motivation was also greatly strengthened by a high level of gratitude, which was rarely mentioned in resilience literature. Reward was emphasized in China as one of traditional virtues, thus children were taught to repay their parents and others for their cultivation and kindness. Steered by this emotional stimulus, children remained hopeful about future, and going to university and making money were considered as two primary ways to live up to parents' expectations and make them happy.

"That trauma let me know how to be strong" (Xiaojian, 14 years). Contrary to popular beliefs that risk and adversity could only render children vulnerable, this finding reflected that an oppositional or defiant stance in children who lived in adverse conditions could turn into a useful personal resource to maintain positive outcomes. This stance was associated with children's critical thinking and it helped children build a sense of perseverance which impelled them to carry on and fight against

adversity. Therefore, resilient children were perceived to own a series of inner resources and competency, and the active reciprocal interactions between individual and risk factors within broad environment could also in turn reduce or conversely reinforce those strengths as in this case. However, this influential direction (positive or negative) greatly depends on how children see and appraise their stressful life events within a specific context.

F: How did poverty and parents' illness affect you?
P: I think there were two aspects of the influence. One was negative, since they brought me people's discrimination; however, the other aspect was positive since the adversity spurred me to study actively in order to change this situation and let my parents live a comfortable life. In the meantime, I could also create a brighter future for myself. (After all), they made me understand that I had to double the efforts if I wanted to make great achievements.
On-line interview, Jingwen, 17 years old

5.2.2 Familial factors

Family was broadly recognized as the first place where children received education, and it was also perceived by children to be the vital place where resilience was developed through certain relationships with family members. Parents, however, were considered to be the most important people who provided children with large amounts of warmth and support in overcoming unfavorable odds during their development process. However, when there was absence of care from parents, substitute caregivers such as grandmothers and siblings acted as buffers and filled in the emotional void. Thus resilience was reiterated to be an on-going process, nurtured by continuous provision of care and support. The following protective factors and their operating processes were identified by children's data.

F: Who are the most important persons that help you overcome difficulties?
P: My father and mother.
F: Then what is the most important place?
P: Home.
F: How important is it?
P: That is... I can't leave home, and I will be unhappy if I don't see my parent within a day.
Interview, Liman, 11 years

Secure attachment with supportive care givers: Consistent with evidence in the literature, almost all children pointed out the importance of close bond with family members such as parents and grandmothers who offered them critical help and emotional support during repeated hardships. This care and affection became more significant when children encountered one parent's death with extreme depression and loneliness resulting from isolation by community members. Those supportive adults, especially parents, brought comfort instantly, which greatly mitigated the influence of risks. They could also help children interpret, process and overcome challenges, provide them with models of problem solving and other coping skills, as well as a sense of togetherness (Dawes, 1992; Roosa, 1993). For instance, mothers or fathers would spend more time chatting with their children after their spouse's death and told them to accept the reality since death was a necessary end of life. They would also give them courage by motivating their strong wills to combat miseries. This instant comfort and support which emphasized an individual's personal strength was found to be helpful in reducing impact of a certain risk or even protecting children from subsequent risk chains.

F: What kind of care did your mother give you after your father's death?
P: My mother always comforted me, and made me feel happy.
F: How did your mother say to you?
P: She said that "everything will be fine again, so do not be unhappy. Everyone will die, so do you. Do not be sad, you still have me, isn't it?
On-line interview, Qiqi, 14 years

My parents gave me confidence. They gave me confidence and courage whenever I felt frustrated. My mother often talked to me and told me to be strong, because there was no difficulty that we could not overcome. Failure is the mother of success.
On-line interview, Xiaojian, 14 years

Reasonable constant provision of care and support: Besides the satisfaction of basic needs, the common theme that emerged from both groups was the desperate need of constant care and affection from family units. The secure care and emotional support was perceived to generate interpersonal warmth and a sense of connectedness,

and maintain hope for life. Practices carrying the care and support were out of ordinary but common everyday practices, which was echoed in Masten's (2001) paper named "Ordinary Magic" where resilience was argued to be relied on ordinary human adaptive systems and be facilitated by ordinary daily practices and relationships (Rochat and Hough, 2007).

Several practices of care givers which helped children overcome difficulties were identified by children and they covered different fields of children's social life. Those practices included spending time with children reading and telling stories, sending umbrella to school, accompanying sick children, helping them with homework, teaching problem-solving skills, safety issues concerns, providing financial and emotional support to children's extracurricular activities, as well as motivating them to achieve high but realistic goals. Those practices could facilitate children's lateral thinking and change their perspectives on seeing poverty and adversity. Increased spiritual comfort helped diminish their perceived impact from poverty and other risks, which resulted in enhanced self-esteem. Meanwhile, the generated sense of gratitude for their care givers was able to stimulate their will power to fight for hope and the future. Furthermore, considerate care might also prevent children from external risks such as accidents and addiction to computer games.

F: Can you tell me how your parents support you?
P: Sometimes, I need to attend a race, and my parents strongly support me.
F: How do they support you?
P: They bought me a pair of new shoes.
F: Can you also talk more? Is it that they give you a lot of care in your life?
P: Yes. They support me whatever I do.
Interview, Xiaoli, 10 years

P: Sometimes I felt afraid to sleep alone, and my grandmother would come and keep my company. She would tell stories, about her childhood. She said that they lived a very hard life, and told me to cherish mine, and save water.
Interview, Lixue, 10 years

However, not all practices out of love were perceived by children to be beneficial,

such as excessive high expectations in academic achievements, constant scolding due to improper evaluation of children's achievements and parents' overwork that resulted in less frequent company. Therefore, only reasonable care and support delivered in a constant base could children gain a high sense of belonging, confidence and self-esteem which could serve as strong energy in developing children's resilience, thereby contributing to their well-beings and healthy development.

5.2.3 Factors within community

Effective schools: The importance of school emphasized in the literature was also reiterated by children in the research. Although school was a place of potential high risks, some children also regarded school as a place of safety, especially when their rearing environments were vulnerable and fragmented. School was perceived to be a source of comfort, support, hope and happiness. Some expressed that they felt happier at school because they made friends there and spending time together in the classroom and playground made them forget everything. This feature of school was particularly vital to children who suffered from social isolation within their neighborhoods. Besides increased social contacts, children found school important because they could gain knowledge and build their bright future through entering a good university. Due to high expectations from parents and school, good academic achievement became a significant protective factor since it brought children a sense of pride and mastery. As mentioned before, children who studied well tendered to be liked by peers and adults, this factor might also lead to positive relationships and easier access to support.

> *P:The happiest thing...is that I can always get a certificate of commendation since grade 1 in primary school. Every time, I will put up the certificate on the wall and show it to my parents to let them feel proud of me.*
> *On-line interview, Haitao, 16 years*

Teachers were also commonly cited by children to be an important external source of support and care. A caring teacher not only gave assistance to children in their studies, but also provided extra attention and care by inquiring about living situations of their

families. Praise from teachers was also perceived to be very helpful since children felt good about themselves. Although teachers were not as influential as children's care givers, they acted as effective supplements to the enhancement of children's resilience.

F: Do you think what are the persons and places that were very important to you?
P: School is very important, as well as studying.
F: Why do you think so?
P: Because I can acquire knowledge.
F: Anything else?
P: Because I make friends at school and get to know many people.
F: How is your teacher?
P: My teacher always gives me compliments.
F: How does she compliment you?
P: She says that I am a caring person, because I always help others.
Interview, Miss, 13 years

Positive peer relationships: The secondary important persons that children mentioned were supportive friends. However, positive peer relationships were equally perceived to be the key to resilience by children in two groups. Children in both groups expressed that whenever they had trouble or difficulties, they would not tell their parents since they did not want to make parents worried. Thus friends became the most important outsiders whom they could talk with and from whom they could seek comfort and learn problem-solving skills. Friends could also provide various kinds of help, which resulted in a sense of connectedness. Those helpful behaviors could be assisting in homework and household chores, helping children out of bullying and improving children's relationships with others.

Children also found that difficulties could be better managed through engagement with friends in some regular shared practices, such as playing table tennis, playing hide-and-seek, skipping rope and baking sweet potatoes in the grove. Through playing with friends, children gradually forgot hardships such as parent's death and gained opportunities to be themselves, which brought them happiness. Thus, seeking extra familial or even creating a compatible and stimulating social environment was an

effective coping strategy, and it was within this positive environment that resilience of children was gradually fostered. This also implied that resilience was a common phenomenon situated in the context where children lived, played and grew up.

F: How did your classmates help you?
P: They comforted me when I failed the exam. They helped me when I met difficulties.
F: What kind of difficulties?
P: During one competition, my leg was injured, then my classmates went outside of school and bought me the band-aid.
F: How was your feeling then?
P: Very moved.
Interview, Xiaoli, 10 years old.

P: When my father died, I couldn't believe that. Then I told myself not to think about it. Finally I forgot it during the happiness with friends, and only remembered that at times.
Interview, Dongdong, 13 years

Support from caring neighbors: Other community members such as caring neighbors were also cited by children to be helpful when they encountered difficulties. Neighbors were seen to provide supplementary care to those children when their parents were absent. They might ask children to their home for dinner, offer some daily supplies and help their parent with heavy household chores. This friendly neighborhood helped children create a better environment for their development, within which children would feel safe and warm, and perceive their living situation to be less adverse.

Program and external support: Some children from single-parent families were involved in the community-based program named "Harmony Home", thus they were able to grow within a supportive 'family' environment with a volunteer called Uncle Li acting in a fathering role. Most of children involved reported significant changes due to access to care from supportive adults and friendship with other children. It was apparent that programs were meaningful in providing supportive structure in which microsystems were facilitated to provide children with necessary support. In this case of "Harmony Home", when children were in absence of responsive parents, Uncle Li

and his family were able to constantly provide shelter, food and care to children, and teach them things and skills. Through those interventions, the gap between past and present financial and emotional provision was bridged, which could greatly reduce associated risks and enhance resilience.

Other external supports identified by children included subsidies from government, daily supplies delivered by CH foundation and organizational activities such as summer camp and summer teaching by college students. This support to some extent helped children address problems linked with provision of daily necessities, thus breaking risk chains associated with poverty; it also contributed to children's resilience by increasing sources of external support and strengthening children's connectedness to multiple support networks such as families, schools and neighborhoods.

5.2.4 Summary

Resilience is a dynamic process which involves complex interplay of risk and protective factors and is negotiated between individual and environment through relationships; it is also a common phenomenon which is nurtured and maintained by common everyday practices in a specific context where children live and play. Similar to risk factors, protective factors were perceived to derive from individuals and multiple social systems. Table 2 below briefly displays protective factors identified by children in this case study, which contributed to the enhancement of resilience. It is evident that protective factors exert their influence in the presence of risk factors, and their influences might pile up or substitute another. For instance, several protective factors such as good academic achievement and positive peer relationships can both contribute to enhanced resilience; and while children who suffer from emotional neglect within a fragmented family are able to get emotional support from a teacher.

Internal personal protective factors were identified by children to be good temperament which contributed to positive interpersonal relationships and easier

access to external support. Others included strong wills and responsibility, internal locus of control, high level of gratitude, critical thinking and a defiant stance. Protective factors within family were identified to be secure attachment with supportive adults and constant provision of care and support. They led to the enhancement of resilience by reduction of risks associated with poverty and HIV/AIDS, along with promotion of self-esteem. Other external factors such as positive peer relationships, and support from caring teachers and neighbors played a supplementary role, and they helped create a safe and stimulating social environment for children's development. Effective school provided children with opportunities for forming positive relationships and experience, while external support from program might break risk chains and increase children's informal support by strengthening their connectedness to various support networks.

Table 2: Context-specific protective factors for children within their microsystem

Individual level
Being lively, open, obedient, respectful, easy-going and sociable
Doing one's chores and helping parents
Being willing to share and help others with study
Having good academic achievements
Good communication skills
Strong will and optimism
A sense of self-reliance and strong responsibility
Internal locus of control
A high level of gratitude
An oppositional or defiant stance
Critical and lateral thinking
Family level
Secure attachment with supportive care givers
Instant comfort and support at critical point
Positive role models
More companion
Reasonable constant provision of care and support
Satisfaction of basic needs
Interpersonal warmth
A sense of connectedness
Teaching problem-solving skills
High and realistic expectation
A sense of gratitude
Community level
Effective schools
Access to positive relationships
Offering knowledge
A sense of pride and mastery in good academic achievements
Caring teachers
Supportive peers and neighbors
Program and external support
Providing supportive structure
Provide shelter, food and care
Teaching skills
Strengthening connectedness to multiple support networks
Subsidies from government

Source: Author

5.3 Discussion

While Killian's model greatly emphasizes on the protective functions of individual,

family and community, the findings of the research show that individual and the environment both contain risk and protective factors, and the interconversion between risk factors and protective factors neglected in Kilian's model is apparent within the Chinese context. For instance, children who take a defiant stance may take advantages of adverse situations and reinforce their internal personal strengths, thus risks may in turn conversely contribute to resilience through children's proactive interpretation of adversity. Nevertheless, some protective factors such as positive peer relationships and excessive high expectation from parents on study might lead children to addiction to unhealthy habits or result in depression. However, the focal point lies in how children perceive and assess adversities, and how they negotiate with external environment and process those negative and positive relationships.

Thus, child, as an active social agent, plays a central role in his/her growth and adaptation, thus should stay in the middle of the resilience model. All the forces of risk and protective factors from different systemic levels such as family and community should go through the social agent, and interact dynamically with internal personal factors. Therefore, the development of resilience is a complex dynamic process which comprises interactive relationships and multidirectional influences within individual and multiple systemic levels, and its enhancement calls for the right combination of protective factors from various systems. Meanwhile, Kilian's model does not consider the reciprocal interactions between the individual, family and community, which are highlighted in human ecology theory. Thus, taking into consideration the reciprocal interactions between the individual and the entire ecological system, the co-existence of risk and protective factors within different systemic levels as well as the inter-conversion between risk and protective factors, the Killian's model of resilience in microsystem can be simply adapted into the following diagram.

Within the model, the two arrows from internal personal factors, family, and community, to the resilience of children represent the influence of protective and risk

factors from those three levels to the enhancement of children's resilience. The arrow between the two forces means that inter-conversions exist between them in specific context. While the two-way arrow between internal personal factors and family and between community displays the complex reciprocal interactions between individual and the environment in which children develop. Since the model is built within children's microsystem, the reciprocal interactions between family and community are not considered since they belong to mesosystem.

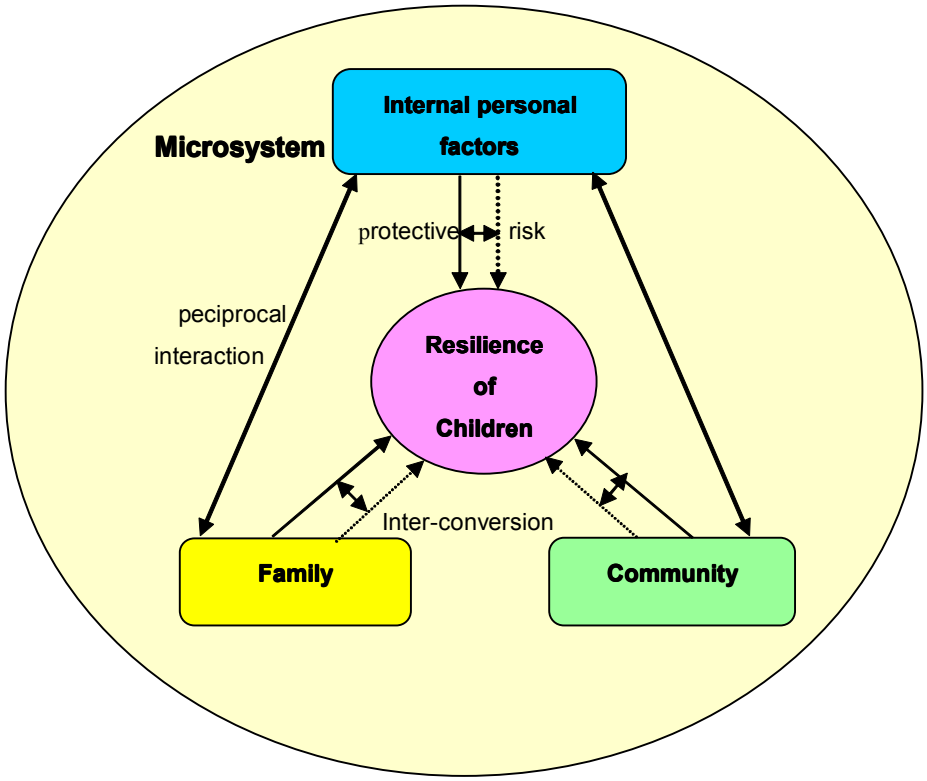

Figure 4: Model of resilience in children's microsystem

Source: Author

6. CONCLUSION

The sales of blood in Central China starting from early 1990s triggered the wide spread of HIV/AIDS in Henan Province, which caused a great number of HIV impacted children. Inspired by child rights-based approaches, the aim of the research is to increase the understanding of HIV impacted children's own perception and

experience on risk and resilience in the local context of Henan Province, so as to avoid adult interpretation and supposition. The research is guided by the perspective that children are active social agents in the construction of their own development, and they have valid insights into their childhoods and well-being.

Findings from the study show that HIV/AIDS impacted children are frequently exposed to multiple risk factors derived from individual and the broad social environment. Within the individual, bad temperament and attitude toward others may make children disliked by others, which results in negative interpersonal relationships. Other factors within the environment can also render children vulnerable by exposing them to risk chains mainly triggered by rampant poverty and the high prevalence of HIV/AIDS, and children subsequently suffer from the loss of parents, and stigma and discrimination from other community members. Other risk factors such as domestic violence, addiction to computer games and excessive stress from study were also identified by children, some of which were indirectly influenced by norms and culture within the Chinese context. Those risk factors usually co-occur and accumulate their effects, leading to a series of negative psychosocial impacts on children.

Despite the tremendous influences of risks within the context of HIV/AIDS, the study also finds that there are multiple protective factors within individual, familial and community level which serve as buffer to the negative impact and greatly contribute to the enhancement of resilience. Those factors include good temperament, strong wills and responsibility, internal locus of control, high level of gratitude, critical thinking, a defiant stance, secure attachment with supportive adults, constant provision of care and support, effective school, supportive peers and neighbors, and external support from government and program. Those protective factors interact with risk factors and enhance resilience by reducing risks, breaking risk chains, promoting self-esteem, providing new opportunities for forming positive relationships and increasing informal support. Those facts greatly support that resilience is a dynamic developmental process involving complex interplays of risk and protective factors,

and is a product of continuous transactions between individual and broad environment.

Although resilience is a dynamic and complex concept, the ecological perspective adopted in the analytical framework provides a clear and systemic way to view resilience through focusing on the interrelatedness and interdependency within individual and multiple levels of an individual's living environment. This perspective effectively guides the analysis of the case study, and the main conclusion the thesis draws is that individual, family and community within children's microsystem contains both risk and protective factors, and they contribute to children's resilience through interactive relationships and multidirectional influences.

However, those influences depend on how children perceive and process those relationships, which are closely influenced by culture and norms within the local context. For instance, high expectation from parents in Chinese context may turn into a risk factor due to excessive emphasis on children's school achievement. Thus risk and protective factors may interconvert in specific cultures, and the newly adapted model of resilience in this case study takes the implications of impact from different cultures on resilience into consideration, which could be adopted to better expand resilience study into other cultures. Nevertheless, since the model is built in a single-case study, it needs to be tested in other research across culture and class.

This understanding of naturally occurring resilience within the unique subject of HIV impacted children can not only help contribute to resilience theory, but also provide important clues for policies and programs that aim at promoting healthier development of children impacted by HIV/AIDS. Early childhood is a crucial window of time for families and communities to build strength and competence in children, thus an investigation on resilience has practical values to prepare children for the future. However, since resilience is sensitive to different context and culture, future studies can be directed to cross-disciplinary research that aims at understanding other

context-specific risk and protective factors, and exploring important underlying mechanisms that contribute to positive outcomes of particular subcultural groups. Meanwhile, since resilience is a dynamic developmental construct, short- and long-term studies are of great value to study the stability of resilience over time, and the capacity of resilient children to bounce back after challenging life events.

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Appendix I - List of Interviewees and Focus Group Discussions

Face-to-Face Interview with Children			
Alias	**Gender**	**Age**	**Interview Date**
Liman	Girl	11	Nov 25, 2011
Miss	Boy	12	Nov 26, 2011
Lixue	Girl	10	Nov 26, 2011
Xiaoli	Girl	10	Nov 26, 2011
Wenjing	Girl	12	Nov 26, 2011
Jiajia	Girl	10	Nov 26, 2011
Jianwei	Girl	12	Nov 26, 2011
Dongdong	Boy	13	Nov 26, 2011
Yangyang	Boy	13	Nov 26, 2011
On-line Interview with Children			
Alias	**Gender**	**Age**	**Interview Date**
Haitao	Boy	16	Jan 14, 2012
Xiaojian	Boy	14	Jan 16, 2012
Qiqi	Boy	14	Jan 17, 2012
Jingwen	Girl	17	Jan 19, 2012
Weiwei	Girl	17	Jan 30, 2012
Interview with Field Work Staff			
Alias	**Gender**	**Age**	**Interview Date**
Chunlei	Male	26	Nov 18, 2011
Sunyi	Male	36	Nov 25, 2011
Xueyin	Female	26	Nov 28, 2011
Focus Group Discussions			
Number	**Interview data**	**Profile**	
Focus Group 1	Nov 25, 2011	8 children aged from 13 to 17	
Focus Gruop 2	Nov 26, 2011	10 children aged from 8 to 12	

Appendix II - Focus Group Guide

Theme	Risk and Resilience in the context of HIV/AIDS
Introduction/ice breakers	Introduce self and research purpose, ask for oral consent, discuss issues of confidentiality and establish group alias.
Topic 1: Popularity and Stigma	The research showed two photographs of different children in sequence to the group and told them one was liked by other children while the other was disliked by others. Then the participants were asked to share the reasons they thought that led to children's popularity and stigma. (The younger group was shown photographs of younger children while the older group were shown photos of young adult)
Topic 2: Risk Factors	A different photograph was showed to the group and the researcher told them that this child from HIV impacted family was at risk and suffered from hardships. Children in the group were asked to discuss what things might negatively affect the child.
Topic 3: Protective Factors	Another photo was showed to the group and children were told that even though the HIV impacted children faced adversity, she/he was still doing well. Then children were asked to explain why this child was able to bounce back, and what/who were the important things or people that helped the child overcome difficulties.
Topic 4: Accessing Support	The researcher used the same photograph, and asked the group where they thought the child in difficulty could get help and support from.
End	Giving thanks to all the participants, and sending a pencil as a kind of encouragement to each child.

Appendix III - Interview Guides

Since all the interviews were unstructured so as to provoke story telling and elicit more unexpected information, thus the interview guides only served as a base, and the interviews later followed topics that emerged throughout the conversation.

Interview guide with children

Face-to-face interview (Method: picture drawing)

Before the interview, participants were asked to draw a diagram of their life journey by writing down the happy and sad events in their lives and how they felt during that time. They were asked to write down their alias, grade and age at the corner of the picture, and then they were told to draw a horizontal line with marks on the line indicating their ages. Happy events were written or drawn above the timeline at certain ages while sad events were below the line. Participants were told that there were no correct ways to do the task, and they could make full use of their imagination. After the drawing, children were asked to write down certain people, places and practices that they thought to be helpful for them to overcome adversity on the reverse side of the paper.

On-line interview (Method: story telling)

Before the interview, participants were asked to think about their experience, and told the researcher about their life stories. The participants were encouraged to tell the happy and sad events in their life and how they overcome difficulties.

General questions for both interviews

- What were the things that made you feel worried and unsafe?
- How did those unhappy things impact you? Could you give some examples?
- Where could you get help and support from when you were in difficulties?
- Who were the important people that gave you support when you were in difficulties? How did those people support you, and make you feel comfortable and safe? Give some specific examples.
- What are the places that you think to be important and make you feel comfortable? Can you give me some explanations?
- What kind of support do you need in order to become a healthy and happy child?
- What's your expectation or wish for yourself?

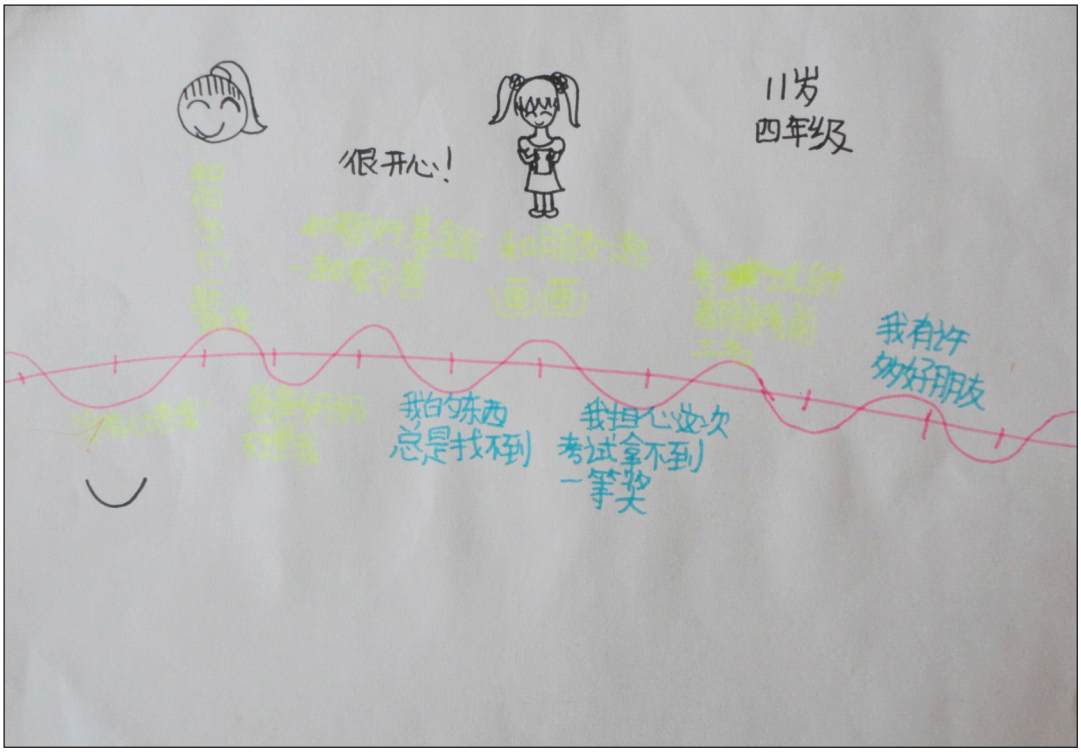
Interview guide with field work staff

- What are the problems and difficulties that the HIV impacted children face?

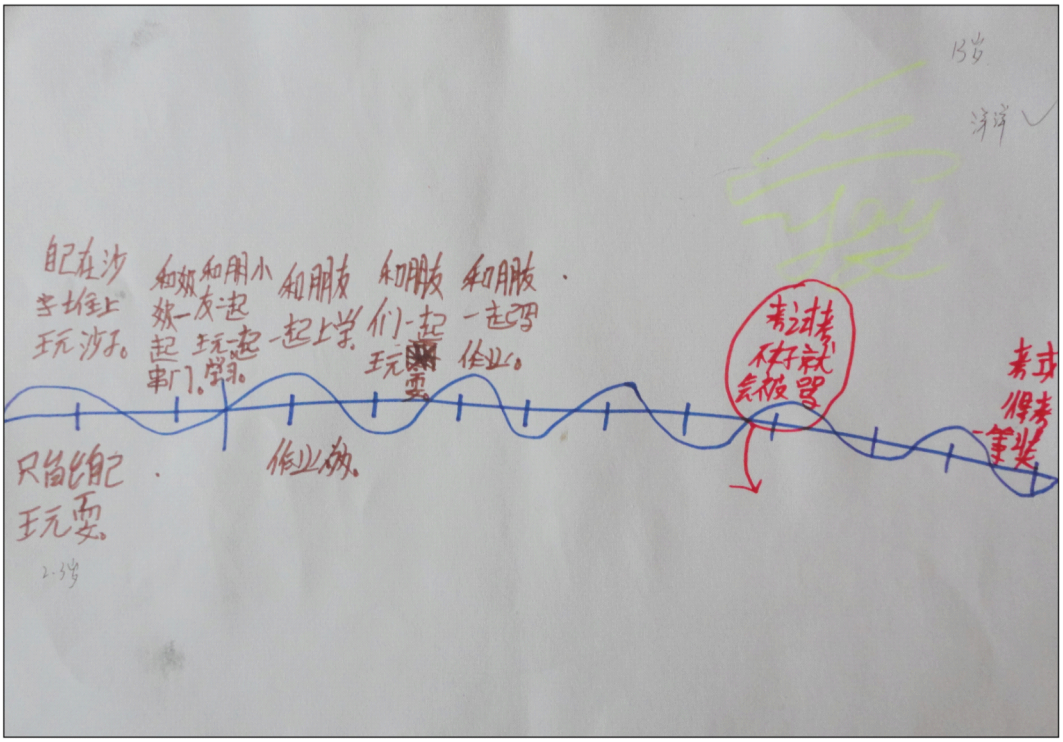
(separately discuss school-aged children and adolescents)

- How do they react to and cope with those problems and difficulties?
- How is the current living situation and development status of those children?
- What kinds of support do you think are important to those children?
- What are your expectations for their development?
- Do you think what are the necessary conditions that need to be met in the future for the healthy development of HIV impacted children?

Appendix IV - Children's Pictures



(Picture drawn by Liman, 11 years old)



(Picture drawn by Yangyang, 13 years old)