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# CHILDREN AND YOUNG PEOPLE IN THAILAND: UNICEF SITUATION ANALYSIS



For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY

unicef 



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# 1. INTRODUCTION

When Thailand signed the Convention on the Rights of the Child in 1992, it committed itself to taking action to guarantee the rights of all children within the country's borders to survival, development, protection and participation.

The years since have seen many improvements in the situation of children, but also some worrying new developments. This situation analysis reviews the more important changes over that period in legislation, in policy and in the economic and social context, and how they have affected children's likelihood of fully realizing their rights.

It includes detailed analysis of the major achievements that have been made for children

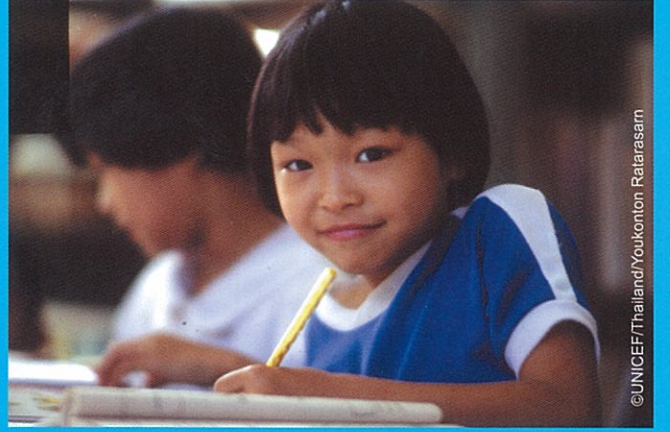
since 1992, particularly in health care and education. It also addresses the more important challenges that remain. These include ethnic minority status and exclusion, linguistic barriers, structural poverty, lack of citizenship, geographic isolation, certain cultural norms and social beliefs, resource scarcity and lack of social investment.

There is also an examination of the institutional framework and the capacity that exists to identify and respond to the needs of individual children and to develop and implement overall policy.

In the last section, suggestions are made for policy changes to better protect the rights of all children and young people in Thailand.







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## 2. OVERVIEW OF THE THAILAND CONTEXT

Thailand has achieved impressive gains in access to services essential for child survival and development. Nonetheless, as the country moves from being a recipient of Official Development Aid to becoming a donor country, several challenges remain to achievement of the goals of the Convention on the Rights of the Child – including the rights of all children in Thailand to survival, development, protection and participation.

Rising development levels, better services and increasing awareness of child rights have improved the health status and standard of living for millions of children and led to a more protective environment. Central government agencies have made significant progress in identifying and addressing issues. Achievements since 1990 have included:

- a 25 per cent fall in child mortality;<sup>1</sup>
- a 50 per cent reduction in the number of children underweight;<sup>2</sup>
- immunization coverage above 90 percent;<sup>3</sup>
- doubling of secondary school enrolment and massive reductions in the use of child labour;
- laws to protect the rights of children, including the 1997 Constitution, the Thai Education Act of 2000 and the Child Protection Act of 2003;
- international and regional agreements and conventions relating to children; and
- bilateral and regional agreements to address trafficking and migration.

However, significant challenges remain. Of these, perhaps the biggest will be to address growing disparities in Thailand and the exclusion of certain groups of children from enjoying the benefits of economic and social development. It is critical that we see greater efforts at the sub-national level to ensure that progress benefits the children of all groups in all parts of Thailand.

For example, of the estimated 1 million children not in primary school, a disproportionate number are from minority groups in isolated or very poor areas. Children of these groups also account for the nearly 1 million children without birth registration documents, without which their access to education, health and other services is severely restricted.

As local government assumes wider responsibilities (some 35 per cent of the total government budget in 2006), it is crucial to ensure sufficient allocation of material and other resources to social issues. Local awareness of child protection issues and local capacity to fully address them remain limited.

National HIV infection rates fell dramatically during the 1990s from an estimated 125,000 new infections

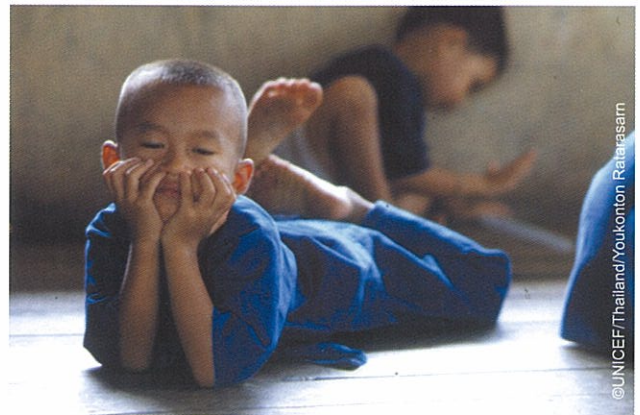
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<sup>1</sup> Office of the National Economic and Social Development Board and UNDP. 2004. *Thailand Millennium Development Goals report*, p. 24.

<sup>2</sup> *Ibid*, p. 16.

<sup>3</sup> <http://www.who.int/vaccines/globalsummary/immunization/countryprofileresult.cfm?C='tha'>





in 1992 to fewer than 20,000 in 2003. At the same time, however, the epidemic has expanded from the north to cover the entire country and from traditionally high-risk groups into the general population. Women infected by their husbands now account for the largest proportion of new infections each year, while infection rates are also rising among the young and populations in parts of the south.

An estimated 290,000 children have been orphaned by the epidemic, placing a considerable burden on grandparents and other caregivers, who are not always able to provide the financial and emotional support children need. Some 2,000 children are thought to be born HIV-positive each year. They, and other infected young people, require antiretroviral drugs.<sup>4</sup>

Although infectious diseases remain the biggest killers of children up to the age of one year, accidents, particularly road traffic accidents and drowning, are an increasingly significant cause of child death and injury. Alcohol and drug use are believed to contribute to many of these deaths – and to behaviour that increases young people's chances of contracting HIV.

Increased alcohol and drug use are one of many social changes that may have a detrimental effect on the wellbeing of children. These also include the break up of traditional family networks, more frequent unprotected sex and increasing levels of obesity.

The last few years have seen improvements in the status of women in Thailand, but there are still serious gender disparities in primary school enrolment, employment, income and political participation.

In 2004, Thailand reported on its progress towards the Millennium Development Goals, many of which include targets relevant to children. The report called for greater efforts to realize international and regional commitments. It, too, noted that central government agencies have made significant progress in achieving national goals but that more must be done at the sub-national level if rights are to be safeguarded for all children, including the children of marginalized, isolated and minority groups in the poorest areas.

## 2.1 Political and legal context

Economic development and sustained advocacy have resulted in a number of policy and legislative changes that have benefited and protected children. The challenge now is to improve legislation and policy even further and to ensure that it is fully implemented.

Major reforms over the past few years have included restructuring and decentralizing some functions of government and significantly redirecting budgets. At the same time, legislation has been passed that builds on the 1997 Constitution to further protect the rights of children.

Over the past decade, governments have also undertaken a number of other initiatives intended to place more power in the hands of local populations. These include the creation of sub-district (tambon) administrative organizations, term limits for elected village headmen, increased local budgets and the 2003 nationwide expansion of the CEO Governor programme.

<sup>4</sup> UNDP. 2004. *Thailand's response to HIV/AIDS: Progress and challenges: Thematic MDG report.*

## 2.1.1 Government restructuring and decentralization

### *CEO Governors*

The CEO Governor programme is part of an ongoing effort to devolve budgets and decision-making authority to the local level. Such devolution could greatly improve efforts to address social issues, including issues that affect children. However, the programme is still in its initial stages and it is too early to draw firm conclusions regarding its effects.

Governors themselves argue that they have not been given enough authority to address their responsibilities. They note that initiatives at the provincial level and below are still being operated by line ministries and that provincial budgets are too small to provide any real leverage – although the total budget for the programme was 3.75 billion baht in 2004.

Over time, there may well be changes in the running of the programme and its effect on the situation of women and children. This is clearly an issue that must be followed closely.

### *Tambon Administrative Organizations*

Tambon Administrative Organizations (TAOs) – the lowest level of administrative authority – already control some 22.5 per cent of national government expenditure and are expected to control 35 per cent by 2006. Because of this, and because policies at the national level are dependent on effective local-level implementation, TAOs clearly have a significant role to play in safeguarding the rights of children.

To play that role well, TAOs will have to address issues of awareness, capacity and the allocation of resources, both human and financial, to child protection, health and education. This should involve

a shift of focus from physical infrastructure to social investment.

Attention will also have to be paid to the influence of national and local elites at the local level. With regard to child labour, for example, officials who wish to maximize profits for themselves and for local businesses, such as farms, orchards or factories, may turn a blind eye to abuses rather than fully implementing national and international laws.

## 2.1.2 Constitutional and legal reform

### *The 1997 Constitution*

Key features of this landmark legislation are:

- the establishment of an elected Senate and a number of semi-autonomous government watchdogs;
- the outlawing of all discrimination and guarantees of equal rights for men and women;
- the establishment of the rights of the child to protection from violence and unfair treatment; and
- the provision of equal rights for all to quality public health services, twelve years of free public education and consumer protection.

Other provisions mandate the government to enhance and develop the stability of families, strengthen communities and foster child development.

The semi-autonomous watchdog agencies referred to above include the National Human Rights Commission, the Office of the Ombudsman and the National Counter Corruption Commission. They complement the already existing Office of Public



Information, which supports the public in demanding information from government.

However, there is concern over the effectiveness of these bodies. As a recent UN report notes, the National Human Rights Commission lacks adequate resources to carry out its work and has no authority to enforce its recommendations.<sup>5</sup> The same report also notes that Thai courts are reluctant fully to implement the provisions of the 1997 Constitution in the absence of supporting legislation; and it urges courts to accept the Constitution as a basis for legal decisions.

### *The 2003 Child Protection Act*

The Child Protection Act represents a fundamental shift in approach from the regulation of child behaviour to the protection of the best interests of the child. While some child advocates argue that the Act does not go far enough in linking its provisions to the broader concepts enshrined in the Convention on the Rights of the Child, it breaks new legal ground in Thailand.

Under the provisions of the Act, Child Protection Committees have been set up in Bangkok and at the national and provincial levels, and child protection responsibilities have been assigned to district chiefs and their deputies, the heads of TAOs and district-level municipal officers. The Ministry of Social Development and Human Security serves as secretariat for the Committees and is mandated to implement the Act. However, a recent reform eliminated the Ministry's district-level representation, making it harder to ensure implementation of the Act at the local level.

The Act also stipulates that *all* members of society, not just officials, have a responsibility to protect the rights of children. To encourage public action, the Act

offers protection and legal immunity to those who report abuses. However, it is not yet clear whether a new culture of child protection can be fostered in a society that has traditionally regarded certain abuses of children as "family" or "personal" issues.

Articles 25 through 27 ban conduct detrimental to the physical safety and the mental and physical development of the child, including abandonment, negligence, mistreatment and the withholding of essentials for life and health. Explicit prohibitions include torture, forcing a child to engage in begging, gambling, trafficking, prostitution or other criminal behaviour and bringing a child to gambling venues, brothels or other forbidden entertainment places.

Public debate has focused largely on those provisions relating to the worst abuses of children. Criticism has been levelled at parts of the Act that allow the state to remove a child from parental custody and that explicitly hold parents responsible for their children's actions.

The Act also establishes a Child Protection Fund, with revenues coming from the government, public donations and other sources. It is administered by the Permanent Secretary of the Ministry of Social Development and Human Security and is used to provide welfare assistance and to promote safety, protection and positive behaviour among children, families and foster families.

Article 22 states that the "treatment of the child in any case shall give primary importance to the best interest of the child and any discrimination of an unfair nature shall not be allowed". This has

<sup>5</sup> Jilani, H. 2004. *Promotion and protection of human rights: Human rights defenders*. Report submitted by the Special Representative of the Secretary-General on the situation of human rights defenders. Addendum, Mission to Thailand, 12 March 2004, p. 8.





potentially far-reaching implications for government agencies, possibly compelling them to identify and address issues concerning the best interests of the child. These can range from birth registration, nutritional status and schooling to abuses such as domestic violence, trafficking and child labour. However, there has been only limited public discussion of the state as duty bearer in implementing Article 22.

Juvenile and Family Courts are empowered by the Child Protection Act to hear cases involving minors using regulations that focus on rehabilitation. In the 32 provinces without Juvenile and Family Courts, Provincial Courts try children using legislation devised for adults. However new laws are being drafted to allow Provincial Courts to use the regulations applied in Juvenile Courts.<sup>6</sup>

### 2.1.3 National policy

#### *Pro-poor schemes*

The government has adopted a number of pro-poor schemes, including:

- farm debt suspension;
- enhancement of village and urban community revolving funds;
- establishment of the "People's Bank" and a Small and Medium-sized Enterprise Bank;
- low-cost universal health care (the 30 baht scheme);
- issuing land titles and creating employment in rural and urban areas;
- the One Tambon One Product scheme, which promotes local industries by targeting policy support to selected sectors, such as the vehicle and parts industries, fashion, food processing and computer software; and

- bilateral Free Trade Agreements, which have helped to maintain high agricultural prices.<sup>7</sup>

#### *The Ninth Social and Economic Development Plan, 2002-2006*

The five strategic priorities of the Ninth Social and Economic Development Plan are listed in the table below, with budget allocations for 2003 and 2004.

Priority	2004 budget allocation	2005 budget allocation
<ul style="list-style-type: none"> <li>• Social development</li> <li>• Poverty reduction</li> <li>• Quality of life</li> </ul>	39.2%	33.2%
<ul style="list-style-type: none"> <li>• Strengthened administration</li> <li>• Good governance</li> <li>• Increased local administration capacity</li> <li>• Political development</li> <li>• Financial management</li> </ul>	31.1%	36.0%
<ul style="list-style-type: none"> <li>• Economic enhancement</li> <li>• Sustainable development</li> </ul>	10.3%	12.6%
<ul style="list-style-type: none"> <li>• Competitiveness</li> <li>• Structural reform</li> </ul>	9.8%	8.5%
<ul style="list-style-type: none"> <li>• National security</li> <li>• Foreign affairs</li> <li>• Justice system</li> </ul>	8.7%	9.7%

Poverty eradication commitments stipulated in the Plan include:

- access for the poor to natural resources and government services (including health care, education and the provision of information);
- improved social safety nets;

<sup>6</sup> Justice Sirichai, Deputy Director-General, Juvenile and Family Courts, pers comm.

<sup>7</sup> Chalamwong, Y. 2004. *Thaksinomics, labour market and international migration in Thailand*. Paper prepared for the Workshop on International Migration and Labor Markets in Asia, Tokyo, 5-6 Feb 2004, p. 8.



- development of grassroots economies and enhanced opportunities for the poor; and
- accelerated legal and regulatory reform to ensure that the poor are treated equally.

Children as a specific group are hardly addressed because policy makers believed that children's issues had been fully covered by the Eighth National Social and Economic Development Plan (1997-2001). This identified a number of groups of disadvantaged children, including ethnic minorities, the poor and those involved in sex work. However, one effect of the 1997 economic crisis was that many initiatives for social development outlined in the Eighth Plan were not funded, including those relevant to children.

Nonetheless, a scholarship programme for impoverished and disadvantaged children was established in 2004, drawing on state lottery revenues. Scholarships have supported the educational costs for one child per district through 12 years of education. Such measures are very welcome, but need to reach more children and to be better targeted.

The Ninth Plan also calls for initiatives to encourage innovation and a "knowledge-based" society. However, much more thought needs to be given to a comprehensive early childhood development programme, especially since there is evidence of high economic returns from early childhood interventions.<sup>8</sup>

### *National Child and Youth Development Plans*

The Eighth National Child and Youth Development Plan (1997-2001) focused on the integrated development of children and youth, families, communities and relevant institutions. It highlighted a warm family

environment and access to information as critical for children and youth to think rationally, participate in civic life and develop fully. However, it is unclear to what extent National Child and Youth Development Plans influence major line ministries dealing with children.

The 2002-2011 National Youth Policy and Long-Term Children and Youth Development Plan notes the influence of international commitments, including the Convention on the Rights of the Child, on Thai policy and observes that "only those children and youth with access to services can (benefit) from development".<sup>9</sup>

The Plan identifies different issues for different age cohorts. For the very young, it highlights a lack of knowledge and preparation among parents. For primary-school aged and older children, it draws attention to school drop-out rates. For older adolescents and young adults, the Plan emphasizes the state's responsibility for education, enhancing vocational skills and promoting life skills and recreation.

However, the Plan characterizes government efforts to address behavioural problems, premature sexual relations and aggressive behaviour as "insufficient and (unable to) reach youth in all areas".<sup>10</sup> Scepticism regarding the responsiveness of government to the needs of young people has led to several national and local attempts to create space for youth initiatives and develop a stronger institutional basis for protection.

<sup>8</sup> Studies have shown that every US\$1 invested in early childhood development produces US\$7 in return, e.g., Schweinhart, L.J.; Barnes, H.V.; and Weikart, D.P. 1993. *Significant benefits: The High/Scope Perry Preschool study through age 27*.

<sup>9</sup> The National Youth Policy and Long-Term Children and Youth Development Plan (2002-2011).

<sup>10</sup> *Ibid.*

### *Shifting policy responsibility*

Government reform in 2002 considerably changed the structure of agencies dealing with social issues, including those related to children.

The National Youth Bureau in the Office of the Prime Minister used to be the main body responsible for overseeing policy matters relating to children, but it has been replaced in this regard by the Office of Promotion and Protection, which is part of the Ministry of Social Development and Human Security. Budgetary influence, however, lies with the Ministry of Education, which managed some 93 per cent of budgets relating to children and youth in 2000.<sup>11</sup>

The Ministry of University Affairs and the National Education Commission, formerly separate, are now agencies within the Ministry of Education. More significantly, the provincial education structure has been partially replaced with smaller local education authorities, a reform intended to make decision making more democratic and locally responsive. These changes have yet to be fully implemented, but concerns have already arisen over their lack of effect on the quality of classroom teaching.

The Office of Promotion and Protection is now a division within the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups in the Ministry of Social Development and Human Security. Its responsibilities range from developing national plans to initiating action to protect children. In particular, it has worked to promote children's participation and the rights of the disabled.<sup>12</sup>

The challenge for the Office now is to build enough social and political momentum to address more difficult issues, such as the rights of children in prostitution, children involved with the criminal justice system, migrants, street children and undocumented minority children and youth.

### **2.1.4 Analysis of major budgets and utilization**

In 2003, the Ministry of Education managed a total budget of 190 billion baht (including 93 per cent of all money directed at children's issues), while the budget of the Ministry of Public Health was 45 billion baht. Analyzing budgetary commitments to Thailand's children, however, is complicated by a lack of disaggregated data identifying children as beneficiaries.

Budget commitments over time provide a mixed picture. Education expenditures are now above pre-1997 crisis levels. Health budgets, however, remain marginally below their 1997 peak. Spending on education rose from 3.5 per cent to 5.4 per cent of GDP between 1990 and 2000, although allocations within the education sector are becoming relatively less favourable for basic education, declining from 45 per cent in 1998 to 42 per cent in 2003. Studies conducted after the economic crisis found that poorer provinces tended to spend less money per head on health and education.<sup>13</sup>

<sup>11</sup> *Ibid.*

<sup>12</sup> Jilani, H. *Op. cit.*, p. 9.

<sup>13</sup> Cresswell, A. 1999. *Educational finance in Thailand : A review and recommendations for improving allocative efficiency* (report prepared for UNESCO-Bangkok as part of the Asian Development Bank Social Sector Program Loan); and Health Systems Research Institute and Management Sciences for Health. 1999. *Final integrated report, Thailand health financing and management study*. pp. 2-3 (report prepared as part of the Asian Development Bank Social Sector Program Loan).



Ministry of Public Health budget utilization rates declined from 93.2 per cent in 1986 to 72.3 per cent in 1996. Over the same period, basic health care budget utilization rates declined from 74.1 per cent to 59.6 per cent.<sup>14</sup>

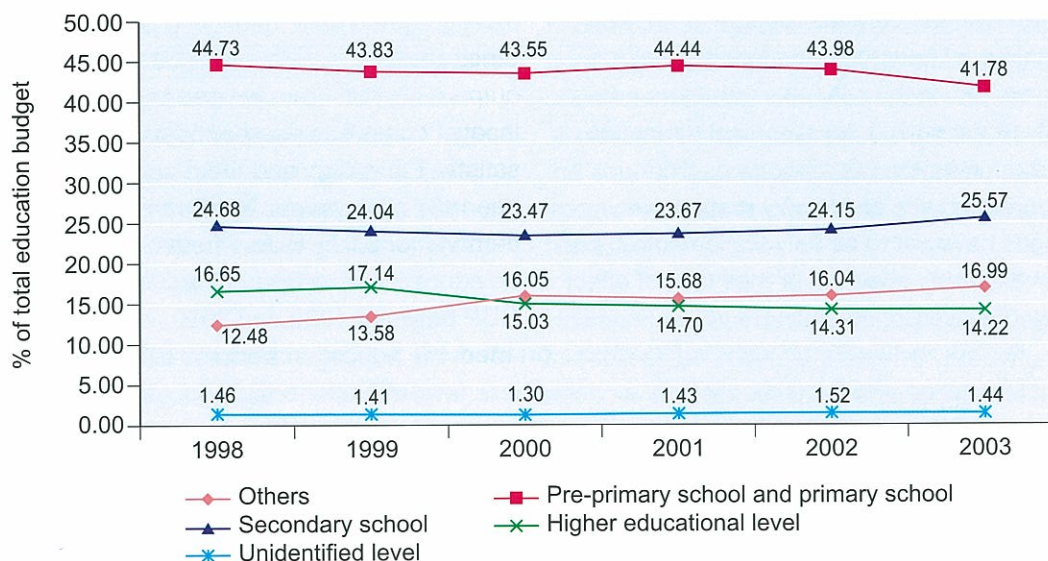
Utilization rates for education budgets ranged from 85 per cent to 99 per cent between 1993 and 1996.<sup>15</sup>

### 2.1.5 The 30 baht health care scheme

The 30 baht health care scheme, which offers hospital treatment at just 30 baht per visit, has been critical in ensuring access to health care for the poor. It represents an historic step in creating a safety net for millions of people not employed by the civil service or private sector.

Experience outside of Thailand has shown a clear link between health care costs and poverty and that economic shocks caused by the need for medical

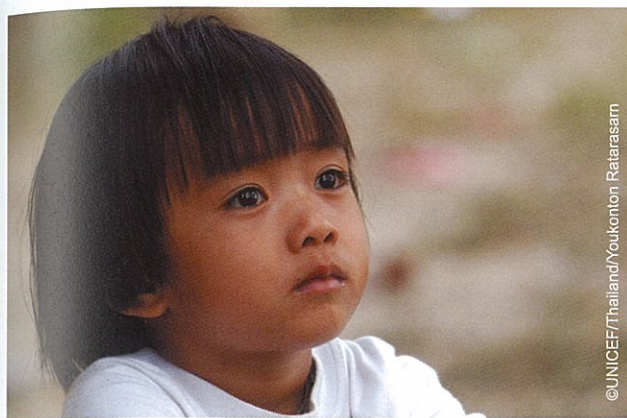
**Distribution of Thai education budget, 1998-2003, by level**



Source: National Education Commission. 2004. *Policy and plan for a world fit for children through quality education*.

<sup>14</sup> Kanok Wattana Consultant Co. Ltd. 1998. *Assessment of basic social services financing in Thailand*. Report commissioned by the National Economic and Social Development Board, pp. 40-41.

<sup>15</sup> *Ibid*, p. 53.



treatment can force families to make decisions that are detrimental to child development, such as removing children from school and putting them to work. However, no analysis of the impacts of the scheme on child health or family investment in children has yet been conducted in Thailand.

Low-cost health care schemes for the poor have been operating in Thailand for over 30 years. The former health care card programme was extended in 1994 to children and the elderly, but obstacles including limited public information and restrictions on registration periods hindered full utilization. Although the intention was to provide free health care, many poor families had to buy 500 baht health cards intended for the non-poor in a programme adjustment launched in the mid-1990s.

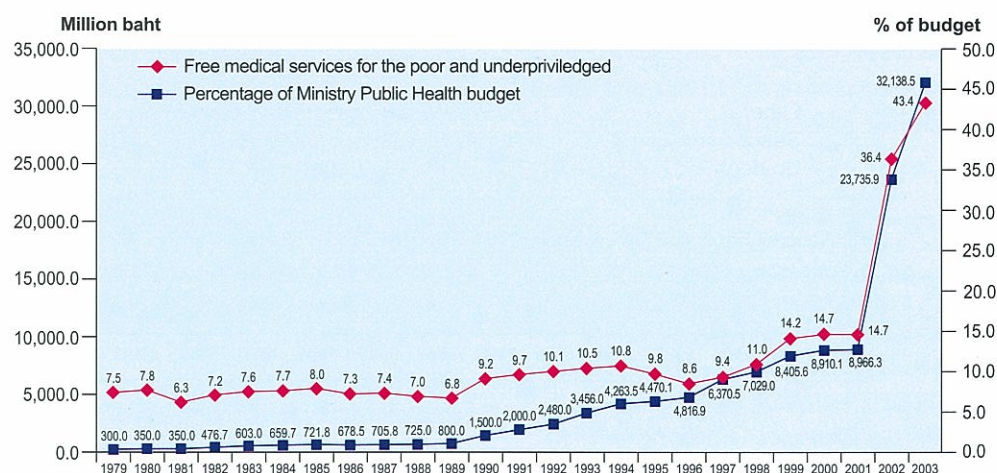
Funding for medical services for the poor grew steadily through the early 1990s, fell during the 1997 economic crisis, and then rose massively from a prior peak of 14.7 per cent of the Ministry of Public Health's budget to 43.4 per cent in 2003, when the 30 baht scheme was introduced and expanded.

The scheme is available to all Thai nationals not covered by the civil service or a private employer. The scheme involves a capitation-based transfer of central government funds to local hospitals (1,200 baht per capita in 2001; 1,308 baht in 2004). In principle, all entitled individuals can receive outpatient or hospital services for just 30 baht per visit.

Employers of registered migrants may buy similar insurance at around 1,250 baht, the cost of which is probably passed on to workers. Migrant advocates question whether the benefits warrant the fees paid. This issue remains relevant as the government embarks on a new round of migrant worker registrations.

Since the introduction of the 30 baht scheme, outpatient visits have jumped by 50 per cent and inpatient care has risen by up to 15 per cent. Patient satisfaction is high and there would appear to have been no fall in the quality of care and/or increase in demand for unnecessary treatment.

### Ministry of Public Health expenditure on medical welfare schemes, 1979-2003



Source: Bureau of Health Policy and Strategy, Ministry of Public Health. 2003 Unpublished figures.



Initially, the government estimated that 36 million people would be eligible for the scheme. In the end, 49 million people registered, resulting in budget management challenges for many hospitals. This problem was exacerbated when the Budget Bureau provided less funding than the capitation rate would have allowed. Implementation is also hindered by the fact that health care providers familiar with a fee-based system perceive the scheme as contributing to a loss of hospital income.

Budget shortfalls appear to be greatest for hospitals in border areas, particularly the border with Myanmar, where large numbers of migrants are treated on humanitarian grounds despite not having a health care scheme card. In theory, employers should pay to obtain coverage for any migrant workers they have employed, but it is common for employers to under-report the number of people working for them. As a result, the government underestimates demand for health care services in these areas, leading to budgetary shortfalls.

The problem is aggravated by inflexibility in budgeting procedures, including insistence on head counts based on civil registration figures. Many of Thailand's western and northern border provinces contain numerous isolated villages of highland minorities who are unlikely to be included in civil registrations.

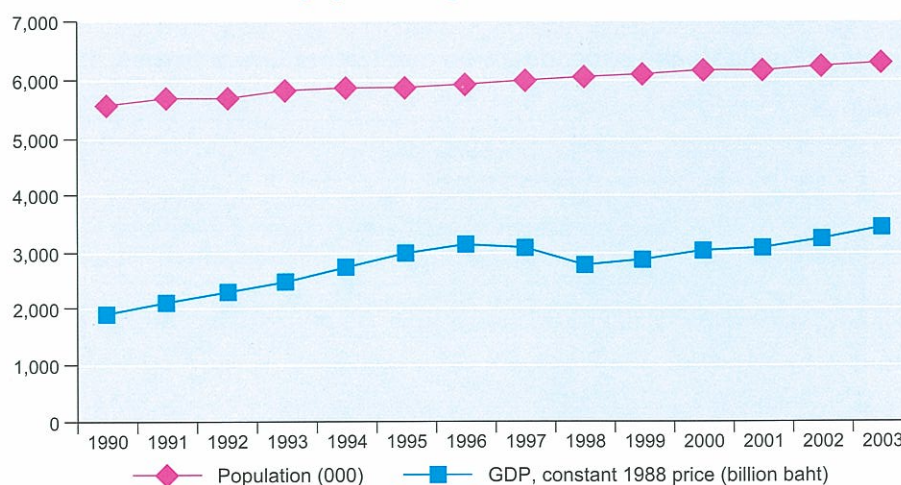
## 2.2 Economic context

### 2.2.1 Economic growth

Several decades of relatively favourable economic growth have facilitated major gains in education, health, nutrition and sanitation. In 2004 Thailand was ranked 76<sup>th</sup> on the UNDP's Human Development Index. Per capita GDP was US\$2,060, and this is projected to rise to US\$2,980 by 2007,<sup>16</sup> making Thailand a middle-income country.

The 1997 economic crisis reversed progress, but Thailand has recovered well and growth now

**Economic and population growth in Thailand, 1990-2003**



Source: Bank of Thailand,

<http://www.bot.or.th/bothomepage/databank/EconData/EconFinance/Download/>

<sup>16</sup> The Economist Intelligence Unit, 19 March 2004.

matches or exceeds pre-1997 levels, due mainly to double-digit growth in the industrial and agricultural sectors.

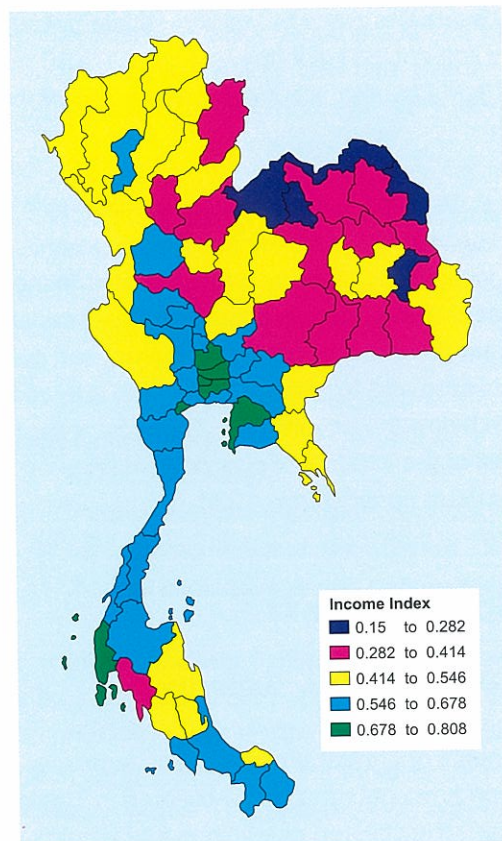
The government repaid its debts to the IMF, the World Bank and the Asian Development Bank well before the due dates, and outstanding public sector debt has fallen to 36 per cent of GDP from its 1999 peak of 77.5 per cent. The government continues to borrow (Thailand has US\$52 billion in external debt, of which 70 per cent is private), but does not accept conditional loans. Private sector debt has fallen to nearly one-third of the pre-1997 level of almost US\$91 billion.<sup>17</sup>

Growth in 2004 was above 6 per cent, and is projected to remain above 5 per cent in 2005. However, the government revised its 2005 forecast downward due to concerns over rising petrol prices and changes in global markets. Other concerns include (a) widespread lending from public financial institutions to small enterprises and farmers;<sup>18</sup> and (b) rising public borrowing to fund large infrastructure projects.

A major challenge for the next five years will be to protect current gains for children in the face of any future economic downturn and to ensure that government remains committed to social investment programs such as the 30 baht health care scheme and poverty reduction.

### 2.2.2 Poverty reduction

According to the World Bank, Thailand has exceeded its poverty reduction targets.<sup>19</sup> Efforts have been focused on the northeast, where some 2 million people have escaped poverty since 2000, partly as a result of improved commodity prices. Nonetheless, poverty remains a serious problem in the northeast, in parts of the northern highlands and in parts of the south.



Small female-headed households are more likely to be poor – four times as likely as two-person households and about one-third more likely than three-person households headed by a woman. Nearly one-quarter of poor households are headed by women but programs that address their needs are limited.

<sup>17</sup> <http://www.bot.or.th/bothomepage/databank/EconData/EconFinance/Download/Tab52.xls>.

<sup>18</sup> Nipon Puapongsakorn, Vice President of the Thailand Development Research Institute, pers comm, 30 March 2004.

<sup>19</sup> <http://www.worldbank.org.th/WBSITE/EXTERNAL/COUNTRIES/EASTASIAPACIFICEXTTHAILANDEXTN/0,,contentMDK:20206302~pagePK:141137~piPK:217854~theSitePK:333296,00.html> and <http://siteresources.worldbank.org/INTTHAILAND/Resources/Economic-Monitor/2003oct.pdf>



Official estimates place 6.2 million people below the poverty line of US\$1 per day (compared to 15 million in 1990).<sup>20</sup> Children account for nearly half of the poor.<sup>21</sup>

Although Thailand is committed to monitoring progress towards the Millennium Development Goals, which include many targets related to the status of children, there is little institutional capacity to analyze the effect of current and proposed policies upon children and few data showing the age and sex of those below the poverty line. The most recent analyses of the impacts of economic change on children were conducted in 1998.

## 2.3 Social context

### 2.3.1 Diversity and disparity

The benefits of greater prosperity and legal protection have not reached all children in Thailand, particularly the children of religious and ethnic minorities and children in isolated, very poor and border regions.

Of Thailand's 65 million people, several million are non-Buddhists and over 1 million are perceived to be non-Thai. Of the non-Buddhists, the majority are Muslims, who officially make up 4.6 per cent of the population<sup>22</sup> (although unofficial estimates put the figure as high as 10 per cent). They are located primarily in the five southernmost provinces, where educational and health prospects for children lag behind those of the rest of the country.<sup>23</sup>

Of those considered to be non-Thai, the vast majority are accounted for by the 1.2 million ethnic minority peoples of northern Thailand. Health and education levels among the children of these minority groups are well below national standards.

Only half of all ethnic minority peoples in Thailand hold citizenship documents, limiting their access to schooling, health care and civil liberties. In the absence of citizenship documents, freedom of movement within Thailand and access to other income-earning opportunities is limited. Of equal concern are increasing restrictions on access to the land that has traditionally provided these groups with a livelihood.

Migrants, both legal and illegal, account for at least 1 million people in Thailand. They face low wages, as well as physical exploitation, limited access to services and great uncertainty regarding their future due to inconsistencies in policy and its implementation.

Over a number of years, government budgets for education and health in poor provinces – including the three southernmost provinces, the most inaccessible areas of the north and poor areas of the northeast – have fallen well below the average. In addition, there is little public concern for the rights of the minority groups who make up a significant proportion of the population in these areas.

### 2.3.2 Social trends

Despite the benefits of economic growth and poverty reduction, not all social trends have brought positive results for children and young people. Developments

<sup>20</sup> Office of the National Economic and Social Development Board and UNDP. *Op. cit.*, p. 16.

<sup>21</sup> Waranya Teokul, Policy and Plan Analyst, National Economic and Social Development Board, pers comm, February 25, 2004.

<sup>22</sup> [http://www.nso.go.th/pop2000/indiregion/indi\\_whole.htm](http://www.nso.go.th/pop2000/indiregion/indi_whole.htm)

<sup>23</sup> Poverty incidence in 2000 ranged from 25% to 35% in Pattani, Yala and Narathiwat, the three predominantly Muslim provinces, while the national average was 14.2%, according to the UNDP Human Development Report for 2003, Table 4, pp. 142-143.

in a number of areas are likely to present an increasing challenge to the realization of child rights.

- **Environmental degradation** has accompanied much of the industrialization that has supported economic growth.
- **Pressures from low-wage economies**, such as China, have induced manufacturers in the high-wage provinces surrounding Bangkok to move towards outsourcing and an increase in piece-work and contract production, leaving workers with no social protection.
- **Family ties have loosened** as a result of urban migration to centres of employment. This loosening is characterized by a shift from extended family units to nuclear families in which both parents often have to work and children are left unattended before and after school.
- **Grandparents are the primary carers for children** in many rural northeastern villages, due to job migration to Bangkok and AIDS-related deaths.
- **Risky behaviour among children** hinders their development, particularly early and unsafe sex and substance abuse. Associated concerns include:
  - the spread of sexually-transmitted diseases, including HIV, which is becoming more prevalent among young people and in certain geographical areas like the south;
  - the health and development of young girls; and
  - the survival prospects of children born to mothers who are children themselves.
- **Childhood obesity and related diseases** (high blood pressure, diabetes and elevated cholesterol levels) affect up to 10 per cent of children. Causes include increasing

prosperity, a lack of appropriate information among parents and other caregivers, inappropriate diets and sedentary lifestyles.

## 2.4 Vulnerable groups of children

The children of a number of groups in Thailand are particularly disadvantaged, including:

- Migrant and stateless children
- Ethnic minorities
- Orphaned children
- Children with any disability
- Sexual minorities and sex workers
- Children in disadvantaged geographic areas

Data on these groups are often limited, but we do know they are among the poorest and most deprived. Due to physical, social and/or political constraints, they tend to fall outside regular surveillance and monitoring systems. This reduces their chances of getting access to basic services.

Although the immediate causes of vulnerability among these groups vary, there are several common underlying factors:

- economic disparity between urban and rural areas and between Thailand and its neighbours, causing families and young people to migrate;
- poverty;
- social attitudes, including gender biases;
- insufficient or misdirected social investment; and
- local circumstances/family status.



### 2.4.1 Migrants and stateless people

Concentrated in border areas, in Bangkok, on fishing trawlers at sea and around food-processing factories near the shore, mobile populations face wage discrimination and other forms of exploitation; violence and other abuse; health threats including HIV/AIDS and malaria; and limited access to services.

It is impossible to give a precise figure for the number of migrants in Thailand, since many are in the country illegally. In 2001, registration requirements were introduced that included disincentives to register. As a result, the number of registered migrants had fallen from 1.5 million to 500,000 by 2003. Recent estimates for the total number of migrants have ranged from 1 million<sup>24</sup> to many times that figure.

The largest migrant concentrations appear to be in low- and semi-skilled occupations in the provinces bordering Myanmar, including coastal provinces, and in the Bangkok metropolitan area. A reasonable estimate would place around 600,000 migrants in the provinces bordering Myanmar, including 93,000 registered migrants, 117,000 migrants in registered refugee camps and some 400,000 undocumented migrants (including family members).<sup>25</sup> In these areas, Shan, Burmese, Karen and Mon workers form the principal labour force in orchards, factories, fisheries and seafood processing. Undocumented workers are also employed as domestic helpers throughout Thailand.

Demand for migrant labour has increased as outsourcing has stimulated shop-house manufacturing (particularly in the garment and leather goods industries) and rapid border industrialization (particularly in Tak Province, which borders Myanmar). The consolidation of agricultural

holdings in Thailand has also stimulated demand for migrant labour. In many areas of the country, large numbers of undocumented migrants from neighbouring countries are employed on giant plantations owned by powerful absentee landholders.<sup>26</sup>

Many of these workers are underage. According to 1990 figures, foreign children comprise roughly two-thirds of the child labour force in Thailand.<sup>27</sup>

Political considerations significantly affect the success of programs to improve migrants' quality of life. Different groups have specific needs that call for individual responses and involve work with various agencies. Some of these needs are outlined below.

#### *Refugees from Myanmar*

Thailand has hosted refugees from Myanmar fleeing gross human rights abuses for nearly two decades as part of a humanitarian policy that offers asylum to those fleeing conflict until it is safe for them to return home. Over that period, the refugee population in the camps along the Myanmar border has risen from around 10,000 to nearly 160,000.<sup>28</sup>

<sup>24</sup> Archavanitkul, K. 1998. *Combating the trafficking in children and their exploitation in prostitution and other intolerable forms of child labour in Mekong Basin Countries*. Sub-regional report submitted to the International Programme on the Elimination of Child Labour (IPEC), June 1998, p. 24.

<sup>25</sup> Emerson, E. 2004. Presentation given to the Meeting on Development of Health Collaboration along the Thailand-Myanmar Border, March 2004, Chiang Mai.

<sup>26</sup> It should also be noted that this situation is reducing wages, depriving unskilled Thai workers of jobs, and also putting pressure on individual smallholders who are unable to secure investment capital or access information essential for competitiveness.

<sup>27</sup> Archavanitkul, K. *Op. cit.*

<sup>28</sup> Burmese Border Consortium. 2004. *Between two worlds: 20 years on the border*.

Thai policy towards refugees has become stricter in response to a general increase in security concerns, the 1999 siege of the Myanmar Embassy in Bangkok and the 2000 attack on Ratchaburi Provincial Hospital. New measures may mean wider crackdowns on refugees from Myanmar in urban Thailand, resulting in their arrest and forced deportation.

Since 1999, all new arrivals seeking asylum in Thailand have had to report to a reception centre in one of the camps along the Myanmar border – although these are not readily accessible from many commonly used entry points. At the reception centre, refugees are interviewed by local officials from the Ministry of the Interior. A provincial admission board made up of representatives of various local government offices then reviews cases on a group basis (in contravention of international standards) to determine if applicants are refugees or economic migrants. Rejected applicants can appeal. Once a final decision has been made, refugees are registered in the camps and economic migrants are deported.

Thailand is not a signatory to the 1951 UN Refugee Convention and its 1967 additional protocol; nor does it have domestic refugee legislation to offer legal guidance. This results in inconsistencies, and local boards have rejected some refugees while accepting others who have fled under similar circumstances.

With regard to border areas, the traditional Thai definition of a refugee used in official statements translates as “person fleeing conflict”. The United Nations High Commission on Refugees has pressed the Thai government to broaden its definition to “person fleeing conflict and the effects of conflict” which would include a range of issues, such as forced labour and forced relocation.

Although the Thai government has stated that it will not repatriate refugees under dangerous conditions, it has threatened repatriation on a number of occasions when there have been ceasefires on the other side of the border.

### *Migrant children and soldiers*

Children in refugee camps along the Myanmar-Thailand border are at risk of being recruited as child soldiers. With few opportunities for employment, vocational training or higher education, they are easy prey for state and non-state combatants in Myanmar. Thailand has not yet signed the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict.

At the same time, a significant number of children who have already been recruited by armed forces in Myanmar are entering Thailand seeking refuge or the few educational opportunities that do exist in local villages and in camps that have established schools for orphaned children and children separated from their parents. A lack of real opportunities and possibilities for healthy recreation makes these children more likely to engage in risky behaviour.

Such children are also among the most vulnerable to trafficking and other forms of exploitation and abuse. There is a serious lack of protective services and systematic referral mechanisms for child victims in border areas – both inside and outside of the camps. Even where such services are available, victims are often reluctant to seek assistance for fear of repatriation and subsequent persecution in Myanmar.

The Child Protection Act has mandated the establishment of Child Protection Committees at the local level throughout Thailand. If this provision is enforced, it will lead to greater safety and access to services for children in border areas.



## 2.4.2 Ethnic minorities

Of the 1.2 million ethnic minority peoples of Thailand's northern highlands, 50 per cent have no Thai identification (although over 75 per cent identified themselves as Thai citizens in a recent survey).<sup>29</sup> This severely limits their access to education, health and other services. Despite a 1965 Cabinet Resolution providing for the granting of citizenship to these groups, citizenship papers have been issued very slowly due to concerns over the inclusion of individuals only newly arrived from neighbouring countries and the supposed impact of highland communities on fragile ecosystems.

As a result, minority peoples have been issued with one of 14 different colour-coded cards to indicate second-class status of varying degrees. Minorities argue that they are powerless to negotiate with government, their farmlands are being appropriated and their children receive a second-class education at best.

As recently as 2002, over 1,000 citizens on the northern border had their citizenship revoked by the Department of Local Administration. Despite an administrative court order overturning this decision, citizenship was returned to all those involved only in late 2005.

## 2.4.3 Orphaned children

Deaths due to HIV/AIDS and road traffic accidents are reversing what was a decline in the number of orphaned children. As a result, more and more grandparents are bringing up their grandchildren when their own children die, even though those grandparents may have been dependent on their own children for financial support. The pressure this places on older members of the community is

considerable, but care for orphaned children within the extended family is still preferable to other options.

## 2.4.4 Children with any disability

According to 2001 figures from the National Statistical Office, people with disabilities account for 1.8 per cent of the Thai population (1.1 million people). Of these, 75 per cent have not completed primary education. The current generation of children with disabilities is more likely to be studying than the last, but more than 30 per cent are still not in school.<sup>30</sup> The National Youth Policy does not identify children with disabilities for special targeting to ensure access to education.

## 2.4.5 Sexual minorities and sex workers

Despite relatively liberal social norms, stigmatization and discrimination still prevent these population groups from seeking help, especially with regard to HIV/AIDS prevention and care.

## 2.4.6 Children in disadvantaged geographical areas

The government and other concerned parties have identified three parts of the country as needing particular development assistance. These are:

- **The northeast.** This is the poorest region, with the lowest provision of doctors, nurses and hospital beds per head of population.
- **Remote and mountainous parts of the north.** Infant and maternal mortality rates are

<sup>29</sup> Department of Welfare and Social Development, Ministry of Social Development and Human Security. 2002. *Highland communities within 20 provinces of Thailand*, p.12.

<sup>30</sup> National Statistics Office. 2001. *Survey of disabled people in Thailand*.

high in such areas, especially among ethnic minorities.

- **The five southernmost provinces.** Farthest from the capital and predominantly Muslim, this area has poorer maternal and child health indicators. The situation is exacerbated by cultural differences between care providers and patients.

It should be noted that the poorest provinces and districts tend to be located in remote border areas.

## 2.5 Media context

The press has long been relatively free in Thailand, although concerns have emerged recently regarding concentration of media ownership and the impact of government regulation.

Television reaches some 95 per cent of all households, with the least penetration in remote mountainous areas and the Muslim south.<sup>31</sup> Television has steadily replaced radio, which is now listened to by only 43 per cent of people, although it is still popular among teens and young adults.<sup>32</sup> In 2003, the government issued recommendations to television stations that 15 per cent of primetime programming be child and family oriented.

Many of the 10 per cent of the population who use the internet are children and young people. There are no significant gender differences in access, but internet use is heavily concentrated in Bangkok and other urban areas.

Media commentators and social critics periodically decry the negative influence of the media on children and young people, but evidence is far from clear cut.

## 2.6 The position of women

The wellbeing of children is intrinsically linked to the situation of women and mothers. This seems to have improved over the past few years in Thailand – as evidenced by a fall in maternal mortality rates (a general proxy indicator for the status of women in a society) from 36 per 100,000 births in 1998 to 24 per 100,000.

Over a similar period, the World Bank has reported a fall in female illiteracy – from 6.96 per cent in 1998 to 5.67 per cent in 2002. This is encouraging for the educational prospects of future generations, since studies show that children are more likely to be in school if their mothers have experienced some form of education.<sup>33</sup>

Both of these developments are positive, but there are a number of issues concerning women and mothers that require further attention. Although the scope of this analysis does not allow for an in-depth discussion of the position and status of women in Thailand, some major challenges are outlined below.

### 2.6.1 Maternal mortality

The Ninth Plan includes a target for reducing maternal mortality from the current figure of 24 deaths per 100,000 live births to 18.

This is a commendable aim, but if it is to be monitored, there will have to be better data. The Ministry of Public Health has recognized problems

<sup>31</sup> National Statistics Office. 2003. *Report of mass media survey (television)*.

<sup>32</sup> National Statistics Office. 2003. *Report of mass media survey (radio)*.

<sup>33</sup> Poapongsakorn, N. et al. 2001. *The status and trends in child labour in Thailand and its effect on the future opportunities of child labourers*. Executive Summary, p. 8.



of data inadequacy on this issue, noting that institutional reports in 1996 underestimated actual maternal deaths by a factor of three. Follow-up studies in 1998 showed a continuing, although less severe, gap between hospital reports and actual maternal mortality.

Nationwide, about 10 per cent of births occur at home. In the Muslim south, this figure is much higher at 30-40 per cent, but home deliveries are performed with a traditional midwife in attendance, many of whom are highly skilled and quickly recognize the need for hospitalization in difficult births.

## 2.6.2 Other maternal health issues

**HIV/AIDS.** Infection rates among married women who contract the virus from their husbands are growing faster than among any other group. In 2003, the infection rate among pregnant women was 1.18 per cent, which was above the Ministry of Public Health's target of 1 per cent. Recent data also indicate that HIV-positive women are less likely to seek antenatal care.<sup>34</sup>

In the 1990s, steps were taken to ensure that powdered infant formula is available to all HIV-positive mothers. This programme continues to be an integral part of efforts to prevent mother-to-child transmission of HIV, along with short-course anti-retroviral treatment (although there is still a need to provide ongoing anti-retroviral treatment to prevent orphaning). Caesarean births accounted for over 20 per cent of all births, according to local studies.<sup>35</sup> Of these, 50 per cent were elective.

**Domestic violence** is often considered taboo or a "family matter" and incidences are probably underreported. However, a recent WHO-contracted survey indicates that about half of all women in Thailand have experienced domestic violence.<sup>36</sup>

The survey notes the effects of immediate physical and mental trauma, but also less obvious long-term impairment of physical and mental health.<sup>37</sup> Domestic violence can also affect the physical and mental health of children.

**Anaemia** affects 12.9 per cent of pregnant women, with the highest rates found in Bangkok.

**Iodine, vitamin A and other nutritional deficiencies.** Addressing the nutritional needs of pregnant women and young children is critical for ensuring normal brain development and improving resistance to diseases ranging from colds to malaria and HIV/AIDS.

Iodine deficiency affects some 46 per cent of pregnant women and non-iodized salt is still widely used. Despite regular antenatal clinic visits, caregivers often fail to address iron deficiency, and have been faulted for not acting on information emerging through examinations.<sup>38</sup>

Maternal vitamin A deficiency is particularly prevalent along Thailand's western border and in the deep south. If mothers do not receive enough vitamin A before and during pregnancy, their children are more likely to suffer from vitamin A deficiency.

<sup>34</sup> Antenatal care includes counseling on maternal and child health and nutrition, early stimulation and general preparation for parenting.

<sup>35</sup> Chanrachakul, B.; Herabutya, Y.; and Udomsubpayakul U. 2000. *Epidemic of cesarean section at the general, private and university hospitals in Thailand*. J Obstet Gynaecol Res. 2000 Oct; 26(5):357-61 reports rates of 24%, 48% and 22% in general, private and university hospitals.

<sup>36</sup> Archavanitkul, K. et al. 2003. *Intimate partner violence and women's health*.

<sup>37</sup> *Ibid*, p.4.

<sup>38</sup> ICCIDD, UNICEF and WHO. 2004. *Review of progress towards sustainable elimination of iodine deficiency in Thailand*. Report of a Network Review Mission, 18-28 April.

### 2.6.3 Employment and gender equality

In general, female workers face lower pay, worse conditions and fewer opportunities for promotion compared to their male counterparts. They make up a disproportionate percentage of those in low-paying and insecure jobs, including home-based work and other forms of employment with long hours and no social security coverage. In rural areas, many women are family workers receiving no wages and little formal recognition of their economic contribution.

Wage discrimination in the private sector increases towards the top of the job ladder. Lower-level female employees earn up to 92 per cent of their male equivalents' salaries, while female department managers earn 86 per cent and directors receive just 79 per cent. There has been some improvement in the overall situation, however. Between 1990 and 2000, women's average income increased from 65 per cent of men's to 81 per cent.<sup>39</sup>

### 2.6.4 Political representation

In national elections in 2001, only 9.6 per cent of candidates were women. In local elections, this figure was even lower at 8.9 per cent.

Women form a much larger percentage of the clerks at the provincial, municipal and tambon level (from 22 per cent to 48 per cent), although very few run for heads of Tambon Administrative Organizations. They are also better represented in higher-level non-elected posts in local government.

The higher echelons of the civil service continue to be occupied almost exclusively by men. While women make up 59 per cent of the government workforce, they account for only 14 per cent of high-level executive positions.

This imbalance is also seen on national committees, for which only 16 per cent of government-appointed seats are allocated to women (with the exclusion of the National Human Rights Commission, which has to maintain gender equity in its membership). When women are appointed to such bodies, they tend to be restricted to committees dealing with women's and children's affairs.<sup>40</sup>

## 2.7 Unrest in the south

Over two decades of relative quiet in the south ended in early 2004 with a series of attacks on police posts, schools and military facilities. In total, more than 500 people died in the unrest in 2004, including some 400 Muslim residents and over 100 government officials.

The origins of the violence are historical and complex. Resentment has been building for many years over the fact that economic and other development indicators in the south are significantly below the national average. There is a widespread belief among the minority Muslim inhabitants of the five southernmost provinces that they are discriminated against by the majority Buddhist population and by the government.

A high-level committee has been established to find solutions to the ongoing crisis. It is headed by former Prime Minister and UNICEF Ambassador, Anand Panyarachun, who is highly respected by all sides.

<sup>39</sup> Office of the National Social and Economic Development Board and UNDP. 2004. *Op cit.*, p. 25.

<sup>40</sup> *Ibid.*



## 2.8 The tsunami

The tsunami that hit six provinces in the south of Thailand on 26 December 2004 was an unprecedented natural disaster. It devastated more than 400 kilometres of coastline, killing around 5,400 people and destroying the livelihoods of some 35,000 families. More than 3,000 people are still missing.

The immediate effect on children was severe. Hundreds died. More than 1,200 lost one or both parents. Thousands were forced to move to temporary shelters. Over 200 schools serving 50,000 children were affected by the loss of teachers, pupils or buildings.

As well as loss of life and destruction of property, the disaster caused psychological suffering on a huge scale. In the days immediately following the tsunami, school attendance rates were half their normal levels because children were too scared or upset to return. Those who lost loved ones or survived terrifying

experiences will need psychosocial support for sometime.

Thousands of children have been made more vulnerable by the loss of parents or household income and by the disruption of traditional community protection systems. It is vital that the situation of these children is monitored to ensure that they are protected from all forms of exploitation and that they continue to enjoy their basic rights, including the rights to education, to shelter and to grow up in a loving family environment.

Thousands of families whose homes were destroyed are living in temporary shelters and camps. They face cramped living conditions and unemployment while homes and fishing boats are rebuilt and local businesses recover. There are few activities for young people in these camps, especially when school is not in session, increasing the chances of their engaging in behaviour that may expose them to risk of HIV/AIDS.









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### 3.

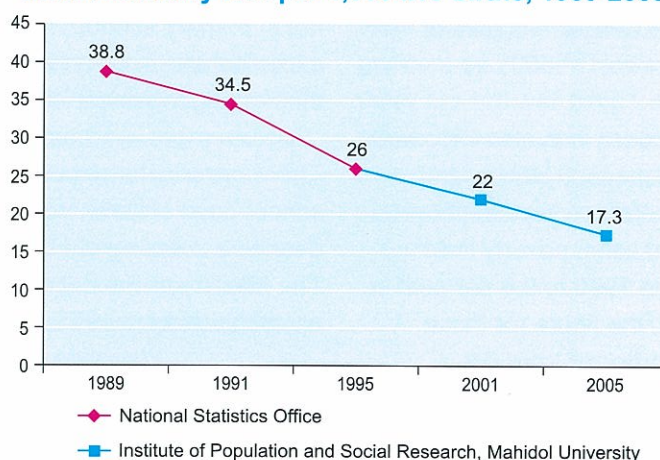
## ACHIEVEMENTS AND CHALLENGES FOR CHILDREN

Thailand is credited with a number of achievements since ratifying the Convention on the Rights of the Child in 1992. Infant and under-five mortality rates, which can be taken as an overall indicator of children's wellbeing, have fallen by about 25 per cent since 1990, and the number of underweight children has halved. Over the same period, secondary school enrolments have doubled, HIV/AIDS infection rates have fallen sharply and better policy and legislation have been passed to ensure the protection of children's rights.

In its 2004 Millennium Development Goals report, the government recorded a fall in infant mortality rates between 1989 and 1996 from 38.8 deaths per 1,000 live births to 26.<sup>41</sup> The most recent figures from the Institute of Population and Social Research at Mahidol University give an infant mortality rate of 17.3.<sup>42</sup>

The Ministry of Public Health records much lower figures – as low as 6.5 in 2002. However, births that result in early death are frequently not reported and the Ministry itself urges caution regarding estimates of both infant mortality (which can go unreported)

**Infant mortality rate per 1,000 live births, 1989-2005**



Source: Office of the National Economic and Social Development Board and UNDP. *Op cit*; and <http://www.ipshr.mahidol.ac.th/gazette.htm>

<sup>41</sup> Office of the National Economic and Social Development Board and UNDP. *Op cit*, p. 28.

<sup>42</sup> <http://www.ipshr.mahidol.ac.th/gazette.htm>



and maternal mortality (which can go unreported or be reported as something else).<sup>43</sup>

Communicable diseases account for the largest proportion of infant deaths.

Figures for under-five mortality rose from 12.8 per 1,000 live births in 1990 to 16.9 in 2000. This increase, however, is attributed to changing from manual to electronic data reporting. Over the same period, the number of underweight children under five dropped by more than half.

Progress in child survival and nutrition has been achieved primarily through strong antenatal care programmes and improvements in hygiene, sanitation and immunization. However, underpinning these achievements has been a series of improvements in legislation, policy and services for children. For example, the government has enacted several laws to protect the rights of children, has signed international and regional conventions and agreements and has developed bilateral agreements with neighbouring countries to address issues of trafficking and migration.

A 60 per cent reduction in poverty has also improved the living standards and consequently the health status of millions of children. The proportion of the population living below the national poverty line<sup>44</sup> dropped from 27.2 per cent in 1990 to 9.8 per cent in 2002. Over the same period, the figure for those below the food poverty line dropped from 6.9 per cent to 2.2 per cent.<sup>45</sup>

There has been a massive reduction in child labour. This stunning but largely ignored achievement has been driven by constitutional guarantees of free public education and the increased availability of lower secondary schools through the “expanded opportunity schools” scheme (detailed below).<sup>46</sup>

Secondary school enrolments remain low, but gross enrolments have doubled since 1990. The next challenge is to improve the quality of education.

Much progress has also been made in the area of child participation. Successes include the involvement of over 10,000 children nationwide in the development of a National Plan of Action for Children, and the holding of a children’s parliament as part of the annual Children’s Day. Thailand was also the first country in the world to take young people to meet with the Commission on the Rights of the Child when the country presented its first report to the Commission in 1998.

## 3.1 Education

### 3.1.1 Educational access

Gains in education over the past decade have been impressive. Despite this, too many children have not benefited, including nearly 1 million children who are not in primary school. Particularly likely to be excluded are minority children, the very poor and those living in remote and border areas.

There are also large numbers of secondary school-aged children who are not in education, despite a doubling of enrolment rates since 1990. The Ministry of Education has tracked the cohort that entered school in 1991. Of these, only 42.3 per cent

<sup>43</sup> Ministry of Public Health. 2003. *Public health statistics 2002*, p. 87.

<sup>44</sup> The national poverty line in 2002 was set at 922 baht per month.

<sup>45</sup> Office of the National Economic and Social Development Board and UNDP. 2004. *Thailand Millennium Development Goals report*, p.12.

<sup>46</sup> Puapongsakorn, N. and Tulyawasinphong, S. “Improved conditions in the child labor market: causes and future concerns”. *TDRI Quarterly Review*, V. 17, No. 3.





### School grade attainment rates: 1991 Cohort

Grade		% who have completed this grade
Primary	1	100.0
Primary	2	88.5
Primary	3	86.2
Primary	4	83.6
Primary	5	79.7
Primary	6	85.9
Secondary	M.1	69.0
Secondary	M.2	65.6
Secondary	M.3	62.7
Secondary	M.4 Vocational 1	51.0
Secondary	M.5 Vocational 2	49.0
Secondary	M.6 Vocational 3	42.3

Source: Ministry of Education. Undated. *Draft policy and plan for managing child- appropriate quality education*, p. 20.

have now finished the final year of secondary school. The Ministry is also attempting to map out-of-school children.

Urban-rural disparity in enrolment rates, which had stood at 66 per cent (rural) and 79 per cent (urban) in 1992, has largely been eradicated; but there are still major disparities in certain parts of the country.

Many migrant children seem to have no access to education, although district officials maintain that universal primary education has been achieved for both Thai national and migrant children.

The Ministry of Education is developing stronger local surveillance, monitoring and support mechanisms for children in need. One possibility is for local committees to identify children at risk of dropping out of school or already out of school and to identify appropriate interventions.

### Primary enrolment rates

Despite constitutional provisions for 12 years of free schooling, net primary enrolment rates of 85.4 per cent lag behind China, Indonesia, the Philippines and Vietnam.<sup>47</sup>

Efforts must intensify to enrol nearly 1 million additional students if universal primary schooling is to be achieved. However, despite increases in spending on general and primary education as a proportion of GDP, spending on pre-primary and primary education declined from 56.2 per cent of all education expenditures in 1990 to 41.8 per cent in 2003. Failure to ensure that school-aged children enrol and remain in school during this critical period means that many children are left behind.

### Secondary enrolment rates

Thailand has taken major strides to improve the transition rate from primary to secondary education. Gross enrolment rates for secondary schooling<sup>48</sup> were only 30 per cent in 1990, but had risen to 83 per cent by 2000.<sup>49</sup> However, this would imply that there are still well over 1 million secondary school-aged children out of school. Furthermore, figures reported by UNESCO for 2000, gave a net secondary enrolment rate of only 55.4 per cent.<sup>50</sup>

<sup>47</sup> UNESCO. 2004. *Gender and equality for all: The leap to equality: EFA global monitoring report 2003/2004*, p. 329-331.

<sup>48</sup> Gross enrolment rates count all children in a class irrespective of their age, while net enrolment rates count only those children who are enrolled in the right class for their age.

<sup>49</sup> UNESCO. 2004. *Op cit.*, p. 347.

<sup>50</sup> UNESCO. 2004. *Op cit.*



In 1992, the government introduced the “expanded opportunity schools” scheme, which extended teaching in existing primary schools to cover secondary grades one to three. As a result, families do not need to incur transport costs to send their children to district-level secondary schools or pay for boarding facilities. This has been critical in reducing urban-rural disparities in enrolment.

During the 1990s, secondary education spending rose from 21.6 per cent to 27.1 per cent of all education spending, and literacy among 15 to 24-year-olds rose from 98.1 per cent to 99 per cent.

Although more people in Bangkok and other urban areas hold college degrees than people in Thailand’s rural areas, Bangkok appears to do worse than rural school systems in enrolling children in the first three

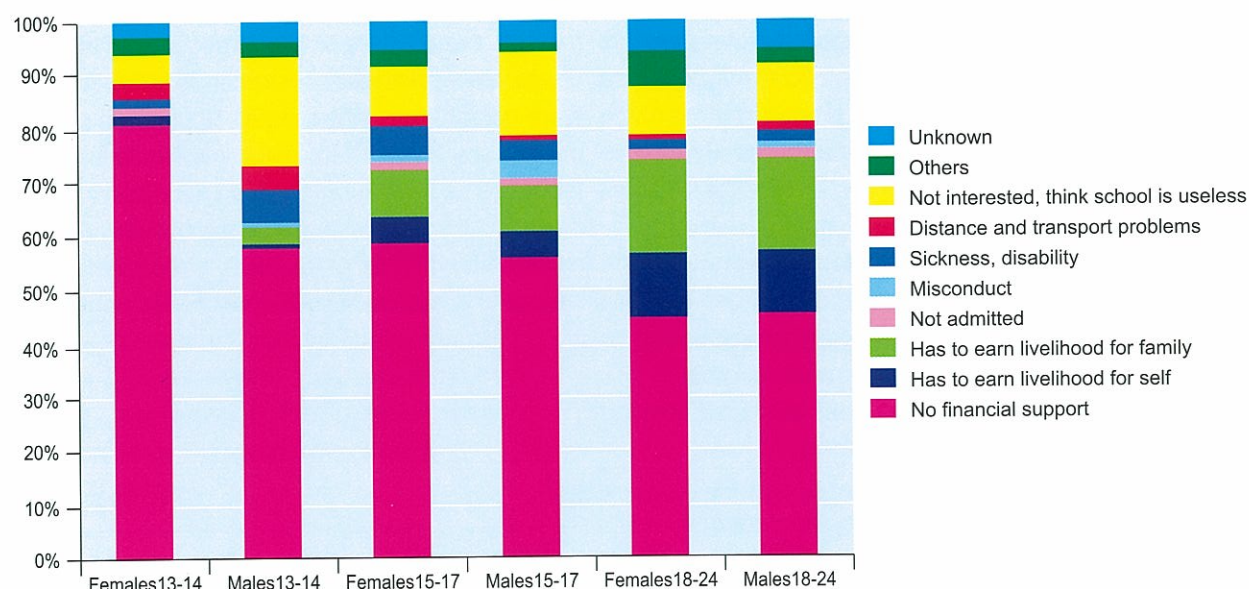
years of secondary school. In 2000, 67.3 per cent of Bangkok’s lower secondary school-aged boys and 59.6 per cent of such girls were in school, compared to national averages of 73.4 per cent and 74.1 per cent respectively.<sup>51</sup>

According to a survey by the National Statistics Office (detailed in the graph below), financial difficulties are the primary reason why children do not attend school. Sickness, disability and misconduct are also significant obstacles.

### 3.1.2 Girls’ education and gender equity

UNESCO has placed Thailand on its watch list of countries unlikely to achieve the Education for All target of equal participation of girls in education by 2015.<sup>52</sup> At the same time, government figures state

Reasons for non-attendance among out-of-school children in 1999



Source: <http://www.nso.go.th/eng/stat/subject/subject.htm#cata6>, table 6.17

<sup>51</sup> Office of the National Economic and Social Development Board and UNDP. *Op cit.*, p. 134.

<sup>52</sup> UNESCO. *Op cit.*, p. 109.

that girls' participation in primary school declined from a female-male ratio of 0.95 in 1991 to 0.93 in 2000.<sup>53</sup>

To achieve the 0.97 ratio taken as the international benchmark of equal opportunity in education, nearly 120,000 additional girls need to be brought into the nation's primary classrooms. This will require a concerted effort to identify which girls are out of school and why. The government has recognized this as an issue<sup>54</sup> and is focusing additional resources on identifying children not in school, with the assistance of principals nationwide.

Girls also tend to drop out of school up to a year before boys. According to UNDP's 2003 Human Development Report for Thailand, girls in 11 provinces are less likely to be in secondary school than males of the same age.

### 3.1.3 Educational Quality

National standardized testing of students since 1995 has confirmed concerns regarding educational quality, particularly in mathematics and science. An Office of National Education Standards and Quality Assessment has been established to improve quality, but there has been no discernible impact on student test scores.

The government has expressed concern over IQ levels. The average IQ among Thai children is 92, with lower average scores in the north and northeast. The most striking regional differences are the high scores of children in both the urban and rural south. What factors are responsible for this is yet to be determined. It should also be noted that school children in Bangkok outstrip their rural peers on standardized tests of language skills.

Good students require good teachers. If teaching

quality is to be improved, the monitoring and supervision of teachers will have to become more collaborative. At present, teachers and supervisors alike tend to view supervision as punitive rather than supportive, and supervisors often lack capacity building skills.

It remains the case that the Thai education system relies too heavily on traditional rote-learning and text-based teaching styles that fail to stimulate critical and independent thinking. However, recognition and support for alternative responses to diverse educational needs are increasing. These include home-schooling and bilingual (English/Thai) schools.

## 3.2 Health

Health system reform has culminated in the development of a draft National Health Act. Like prior efforts (upgrading of staff and facilities, campaigns for clean and caring hospitals and the hospital accreditation movement), the substantive changes emerging from reform focus on hospitals, resulting in comprehensive changes in hospital budgeting, financing and management. Reforms have also produced an extension of low-cost health care, as outlined above.

However, Ministry of Public Health budgets have remained relatively static, hovering at around 3.7 per cent of GDP from 1997 through 2001,<sup>55</sup> although they declined as a proportion of the total government budget from 6 per cent in 1991<sup>56</sup> to 4 per cent in 2003.

<sup>53</sup> Office of the National Economic and Social Development Board and UNDP. *Op cit.*, p.23.

<sup>54</sup> Office of the National Economic and Social Development Board and UNDP. *Op cit.*, p. 20.

<sup>55</sup> <http://www3.who.int/whosis/country/indicators.cfm?country=THA&language=english>

<sup>56</sup> Kanok Wattana Consultant Co., Ltd. *Op cit.*, p.36.





### 3.2.1 Urban rural disparities

Disparities in urban-rural health care provision remain chronic, despite constitutional guarantees of quality health care for all. While patient loads in rural government hospitals decreased by 20 per cent between 1997 and 2001 (from 6,237 patients per doctor to 4,984), the situation is still vastly inferior to that in Bangkok (765 patients per doctor in 2001) and in university and private hospitals.<sup>57</sup>

The Ministry of Public Health has launched new initiatives to increase the number of young people entering nursing, medicine and dentistry. The target is one doctor for every 1,800 people.<sup>58</sup>

Addressing and monitoring health status in rural districts will require additional resources.

### 3.2.2 Health levels among minority groups

Sub-populations continue to struggle with poor health at levels that have not been seen by the majority population for decades.

In a 1998 study of the health of highland minorities, infant mortality rates were estimated at up to 40 per 1,000 live births, and child mortality rates at up to 54 per 1,000 live births. Nearly 41 per cent of under-fives were found to be underweight, 13 per cent had experienced diarrhoea within the month prior to the survey and about half had not been immunized.<sup>59</sup>

Infant and maternal mortality rates are also high among children in Thailand's deep south and among migrants nationwide<sup>60</sup> (although immunization rates for migrants (72 per cent) exceed those for minorities resident in Thailand).<sup>61</sup>

First degree malnutrition among those under five is estimated to exceed 10 per cent in six northern provinces and to near or exceed 10 per cent throughout the northeast (with the exception of Chiang Mai and Nong Khai) and in Yala and Narathiwat in the deep south. These patterns are consistent with poverty gaps and lags in the extension of a full range of government services.<sup>62</sup>

On plantations, which employ many migrant and other minority-group workers, the use of biocides and untreated water combine with poor and crowded housing to affect the health of many migrant children. Strict controls imposed by plantation owners prevent workers from leaving the plantations to access local health facilities and also prevent health staff from visiting workers on the plantations. Local medical staff report that most of their health services for migrants who are able to access care are for critical care and for births.<sup>63</sup>

Capitation-based budget provision in health and education causes shortfalls in areas with large concentrations of unregistered minorities. In Mae Hong Son Province, for example, the Bureau of the Budget strictly applied civil registration population counts as the basis for provincial health budgets. Although many of the ethnic minorities in the

<sup>57</sup> Ministry of Public Health. 2002. *Public health statistics*.

<sup>58</sup> <http://www.nationmultimedia.com/page.news.php3?clid=1&theme=A&usrss=1&id=113346>

<sup>59</sup> Bureau of Policy and Health Planning, Ministry of Public Health 1999. *Hill tribes health survey 1998*, data tables.

<sup>60</sup> Worakamin, S., Board of Gynecology, Director of Family and Planning and Population, Department of Health, Ministry of Public Health, pers comm, 21 May 2004.

<sup>61</sup> Jeane Cabeza. 2004. Presentation given to the Meeting on Development of Health Collaboration along Thailand-Myanmar Border Areas, 18 March 2004, Chiang Mai.

<sup>62</sup> UNDP. 2003. *Human development report, Thailand*, data tables.

<sup>63</sup> Fang District Hospital director and staff, pers comm, 15 March 2004.



province have been entered into a provisional Ministry of Interior registry and are awaiting formal granting of citizenship, the result was still a 6 per cent shortfall in the provincial health budget.

Thailand and Myanmar have signed a Memorandum of Understanding to deal with health issues in border areas by applying the same standard of health for migrants and ethnic minorities in these areas as for the Thai population in general. Strategies to achieve this goal include increasing cooperation between the Thai Ministries of Labour and Public Health, surveying border populations to better allocate resources and providing insurance to family members of registered migrants as well as ethnic minorities.

### 3.2.3 Nutrition

A child's nutritional status is an indicator of overall development. The number of underweight children dropped by half over the 1990s, but more needs to be done to address the effects of malnutrition, including stunting and, increasingly, obesity. Policy makers have also recognized a need to reduce micronutrient deficiencies, particularly in iodine, iron and vitamin A.

#### *Stunting*

Stunting is an indication of chronic malnutrition restricting both the physical and mental development of children and youth, with effects beginning in the first six to 12 months of life. Although the phenomenon was largely ignored until recently, more than 10 per cent of two year olds are affected and some 12.7 per cent are either stunted or underweight.<sup>64</sup> Among young people in the 13-18 year age range, 7 per cent are either stunted or underweight.

The mental and physical development of children in Thailand is in line with international norms during early infancy, but some older children exhibit below-average performance in tests of language and logic. Such declines in mental development are preventable through ensuring adequate nutrition for pregnant and nursing mothers and optimal intake of protein, iron, iodine and vitamin A for infants. Children suffering from developmental delays should be given supplemental feeding and additional mental stimulation.

Discussions with health, education and child advocacy workers in both the north and northeast indicate the need for strengthened efforts. Parents and other caregivers often lack adequate information on a range of subjects concerning early childhood development, including diet, emotional, intellectual and physical stimulation throughout early childhood and how to address problems.

#### *Obesity*

Increasing prosperity has led to higher rates of obesity among children and therefore higher rates of circulatory disease and diabetes. Roughly 10 per cent of Thai children are now overweight or obese –roughly the same proportion as are underweight. Other contributing factors include dietary changes, cultural perceptions of fat infants as healthy and ever-more sedentary lifestyles among urban schoolchildren.

#### *Iodine deficiency*

Iodine is critical for healthy brain development. An estimated 140,000 Thai children are born each year with intellectual impairment caused by iodine deficiency during pregnancy. Iodine is also critical

<sup>64</sup> Choprapawon, C., pers comm, 1 April 2004.



during periods of rapid brain growth (from the foetal stage through to the age of six years). Field reports indicate that iodized salt remains unobtainable in village shops in both the northeast and the north, and a study conducted in 2004 found that only around 51 per cent of households nationwide use iodized salt. Moderate levels of iodine deficiency (such as those found in Thailand) can reduce national IQ levels by 10-15 per cent. Thai children average an IQ score of 92, which compares to the normal range of 90 to 110.<sup>65</sup>

#### *Vitamin A deficiency*

Vitamin A deficiency in Thailand's north, northeast and south contributes to poor vision, blindness, severe illness and even death from childhood illnesses such as diarrhoea and measles. Breastfeeding is a natural source of vitamin A and the surest way to ensure that infants receive adequate quantities. The government provides vitamin A supplements annually for young children in vulnerable districts in 46 provinces. Dietary supplements appropriate to local eating habits have been developed for older children.

#### *Iron deficiency*

Iron deficiency places an estimated 40-60 per cent of infants under the age of two years at risk of sub-optimal brain development.

#### *Breastfeeding*

Thailand has one of the lowest rates of exclusive breastfeeding in the world. Fewer than 20 per cent of infants are exclusively fed breast milk for at least four months,<sup>66</sup> due to economic pressure, lack of workplace-based child care, vanity, and the easy availability of breast milk substitutes.<sup>67</sup> In the absence of legislation, these substitutes continue to

be marketed by formula producers to all mothers regardless of need and in contravention of marketing codes.

In addition, many health facilities have staff who continue to pressure mothers to use breast milk substitutes, despite the existence of Baby Friendly Hospitals in Thailand.

### 3.2.4 Child injury

As a result of success in tackling communicable diseases, accidents and injuries are now responsible for a higher proportion of child mortality and morbidity. Their prevalence is also increasing in absolute terms. Between 1990 and 2001, accidental mortality more than doubled from 41 to 87 deaths per 100,000. Accidents now kill or injure more children after infancy than anything else.

In 2003, preventable injuries killed some 5,000 children and young people under the age of 17. The majority of deaths were accounted for by road traffic accidents (3,000) and drowning (1,550).

Motorcycles account for nearly 75 per cent vehicle accidents and nearly 80 per cent of fatal vehicle accidents. In 2001 alone, 2,478 people under the age of 20 died in traffic accidents. Young males not wearing motorcycle helmets figure disproportionately in these figures.

For every injury-related death, another 20 children are non-fatally injured, with more than one in five

<sup>65</sup> Choprapawon, C. et al. 2003. *Prospective cohort study of Thai children, youth and family*. Presentation to WHO, October 2003.

<sup>66</sup> Family Health Division, Ministry of Public Health. 1994. *A study of the breastfeeding situation, June 1994*, p. 28.

<sup>67</sup> Ministry of Public Health. 2003. *Monitoring report on code of marketing of breast milk substitutes: Weighing benefit vs. profit*.



sustaining a permanent disability. In addition, some 43,000 children lose one or both parents to accidental deaths each year.<sup>68</sup>

Teenage suicide is increasingly recognized as a cause of child death and injury, causing 3 per cent of all child deaths annually. School-based counselling for troubled teens is relatively weak, and focuses more on academic guidance than on assessing and strengthening mental health.

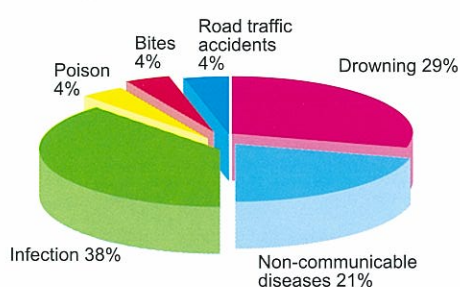
A number of factors contribute to avoidable adolescent deaths, including young people's natural tendency to ignore, or even embrace, risk; inadequate law enforcement (including traffic laws); underage drinking; and insufficient information about

the consequences of risk and a shortage of appropriate recreation facilities.

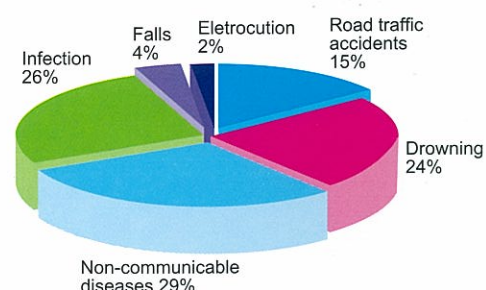
For example, the 1996 Royal Decree on Safety Helmets is poorly enforced and only about 40 per cent of motorcycle drivers and 25 per cent of passengers wear helmets. Driving licenses are not issued to people under 18, but driving without a license is common.

As children grow older, accidents and injuries account for an ever-larger proportion of deaths. The following charts, which summarize findings from a 2003/4 survey of 100,000 households,<sup>69</sup> show the major causes of injury and death for children and young people of different ages.

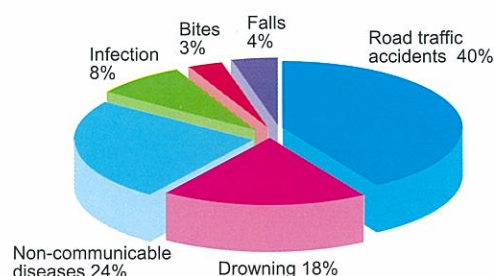
Leading causes of death 1-4 years



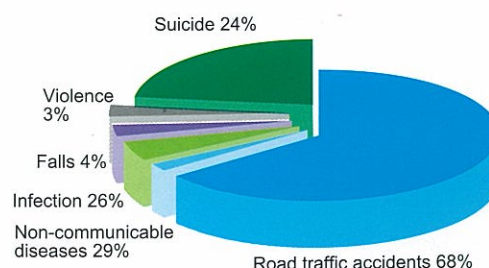
Leading causes of death 5-9 years



Leading causes of death 10-14 years



Leading causes of death 15-17 years



<sup>68</sup> Institute of Health Research, Chulalongkorn University. 2004. *Household survey*.

<sup>69</sup> *Ibid*.



### 3.3 HIV/AIDS

HIV/AIDS results in more premature loss of life among both women and men than any other cause and orphans thousands of children each year.<sup>70</sup> However, Thailand has made phenomenal progress in reducing new HIV infections over the past decade, from an estimated 137,000 per year in 1990 to some 21,000 in 2003.<sup>71</sup> Among military conscripts, rates have dropped below the target 1 per cent, with a reported rate of 0.8 per cent in the second-round conscription of 2001.

In contrast, infection rates among pregnant women in 2003 (1.18 per cent) remained above the Ministry of Public Health's target (1 per cent). Epidemiological data indicate that HIV-positive women are far less likely to seek antenatal care. It is unknown whether this results from fear that their HIV status will be disclosed, from poverty, from other perceived barriers to accessing health care, or from other factors.

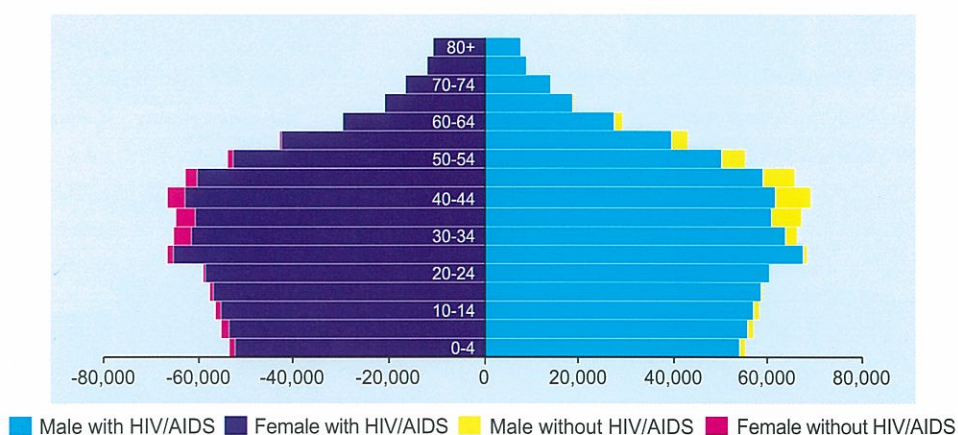
HIV/AIDS was expected to claim the lives of more than 2,500 children in 2003, but figures have not yet been released. Annual HIV/AIDS mortality rates among children are projected to rise to 2,700 by 2005, before falling back to roughly 2003 levels by 2010.<sup>72</sup> UNICEF estimates that around 290,000 children have been orphaned by HIV/AIDS.<sup>73</sup>

While Thailand's rate of increase of HIV/AIDS infections has declined sharply, infections have spread increasingly into the general population – including teenagers.

#### 3.3.1 Groups with the highest infection rates

- **Married women infected by their spouses** are seeing the fastest rates of growth in new infections.
- **Injecting drug users** account for around 25 per cent of new infections and infection rates

Projection of mortality in Thailand, highlighting HIV/AIDS



Source: Rhucharoenpornpanich, R. 2004. *The impact of AIDS in Thailand: Current and future Scenarios*. Unpublished.

<sup>70</sup> Wibulpolprasert, S. ed. 2001. *Thailand health profile, 1999-2000*, pp.191-192.

<sup>71</sup> The Thailand Working Group on HIV/AIDS Projections. 2001. *Projections of HIV/AIDS in Thailand, 2000-2020*, pp.B-11.

<sup>72</sup> The Thailand Working Group on HIV/AIDS Projections. 2001. *Projections of HIV/AIDS in Thailand, 2000-2020*, p. B-5.

<sup>73</sup> UNAIDS, UNICEF and USAID. 2002. *Children on the brink*.

among this group are expected to be the fastest growing in the future.

- **Men who have sex with men** are expected to demonstrate the third highest rate of new infections in the future.
- **Migrants and seafarers** are also at high risk due to the circumstances under which they enter Thailand and work.

### 3.3.2 Vulnerability among young people

Many drug users, sex workers and men who have sex with men are young people. Although Thailand has been relatively successful in reducing the impact of HIV transmission through commercial sex, children in prostitution are particularly vulnerable because of their physical underdevelopment and relative powerlessness. The needs of drug users and men who have sex with men also remain under-addressed. Developing appropriate interventions presents a great challenge for those who work with these groups of children and young people.

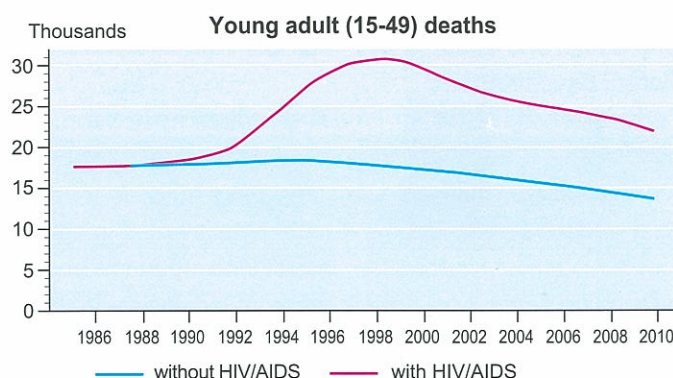
Even among the general population, young people continue to engage in behaviour that puts them at risk of infection. For example, sexual activity is believed to begin at earlier ages and to have become more widespread. When anti-HIV/AIDS programmes created fear of sex with prostitutes, anecdotal evidence indicates that boys were encouraged to sleep with “safe” girlfriends. Public health workers report privately that increasing numbers of teenagers whose only known risk behaviour is sex with boyfriends or girlfriends are testing positive for HIV.<sup>74</sup>

It is crucial to take into account the needs of young people when designing programs to address the risks they face. This will require monitoring of behavioural trends in all regions and sub-groups in Thailand.

### 3.3.3 Increasing infection rates in new areas

In the absence of greater efforts to stem the tide of new infections, areas of previously low prevalence, such as the Muslim south and the economically

#### Mortality rates among young adults aged 15-49 in Chiang Mai, showing the impact of HIV/AIDS



Source: Rhucharoenpornpanich, R. 2004. *The impact of AIDS in Thailand: Current and future scenarios*. Unpublished.

<sup>74</sup> Anonymous doctor in Chiang Mai Province, pers comm, March 2003.



important eastern seaboard, could see a repeat of the demographic changes experienced in the northern province of Chiang Mai, where nearly 6,000 deaths were attributed to HIV/AIDS in 1998, the last year for which figures are available.

In the south, for example, migrant sex workers serve a large community of fishermen (many from neighbouring Myanmar). The actual number of HIV/AIDS cases is still low, but it is growing, along with the number of those injecting drugs.<sup>75</sup> Southerners are reticent about AIDS-awareness and sex education, and, like many outside the north, believe that AIDS is a northern problem.

### 3.3.4 The Prevention and Alleviation of AIDS Plan for 2002-2006

The Prevention and Alleviation of AIDS Plan for 2002-2006 includes two major objectives of relevance to children: (a) developing the capacity of individuals, families and communities; and (b) care and support for those infected and affected.

Capacity development focuses largely on social and behavioural change programmes designed to reduce stigma and prevent further transmission of HIV. Principal targets include young adults and youth, with a special focus on street children, day labourers, homeless persons, those in prisons and juvenile detention centres, drug addicts, sex workers, migrant labourers, seafarers and factory workers. There are also plans for health and social welfare services.

Care and support objectives focus on capacity building, the mandatory provision of a nationwide standard of care, the protection of human rights, support for appropriate alternative treatments and other economic and social services.

In addition, the Plan commits Thailand to continuing

efforts to develop knowledge and research, cooperate at the international level and improve the management of HIV/AIDS responses.

### 3.3.5 Care for orphans and other vulnerable children

There are an estimated 1.4 million orphans in Thailand,<sup>76</sup> many of whom have lost their parents to HIV/AIDS and accidents. A significant number of these children (and a significant number of others whose parents do not live at home because they are working in other provinces) are being cared for by grandparents.

This can place a serious burden on older members of the community, and concerns have been raised that children cared for by grandparents do not receive sufficient nutrition, mental stimulation and emotional nurturing.

Non-parental daytime care is also provided by some 7,000 village day care centres, which are used by some 330,000 children of pre-school age. They were set up by the Community Development Department in the early 1990s to provide child care while parents work, but responsibility for them is now shifting to Tambon Administrative Organizations.

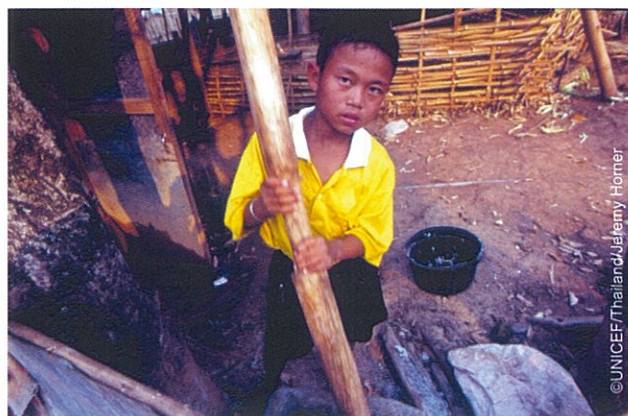
The centres have been criticized for providing inadequate sanitation and mental stimulation. Many caretakers have no training or are poorly trained. Little time is spent in speaking to newborn children to assist with language acquisition, and little use is made of locally available materials to stimulate thought and reasoning.

A further 2 million children are in kindergartens administered by the Ministry of Education.

<sup>75</sup> <http://www.ippf.org/review1998/uphill.htm>

<sup>76</sup> UNICEF, UNAIDS and USAID. 2004. *Children on the brink*.





## 3.4 Child protection

### 3.4.1 Child labour

The use of child labour fell by a phenomenal 56 per cent during the 1990s, from 4.5 million<sup>77</sup> to just under 2 million.<sup>78</sup> Although international norms, labour regulations, advocacy and increased child protection efforts contributed to this achievement, the effect of the 1997 Constitution and the expansion of lower secondary education (detailed above) have been of fundamental significance.

In the formal sector, improved legislation and the provision of better alternatives have led to significant reductions in the use of child labour. As a result, most child labourers now work in the unmonitored informal and rural sectors. Many of these children are believed to be migrants but exact figures are unobtainable.

Of the nearly 2 million children still reported as working in 2000, experts indicate that most are employed on farms and in family businesses before and after school. Although fewer than 100,000 of these child workers are considered to be in urgent need of protection, attention to the educational rights of those involved in agricultural labour is critical.

#### International Conventions regarding child labour

ILO Convention No.182 commits countries to take immediate action to prohibit and eliminate the worst forms of child labour.

ILO Convention No.138 aims for the effective abolition of all child labour.

Both conventions have seen a surge in ratifications, demonstrating that support for the movement against child labour is growing rapidly throughout the world.

Most working children are employed in small-scale enterprises (such as garages and small factories, and in domestic and agricultural work (including fisheries, orchards and seasonal planting and harvesting)).

Such underage workers face long hours, wage exploitation or non-payment and physical and sexual abuse some cases, they are virtually imprisoned by their employers. Child workers enjoy few rest breaks and none of the medical or health and safety protections afforded adult workers.

#### Employment conditions for child workers

Conditions	% of child workers
Working for more than 8 hours/day	88
Resting for less than 1 hour/day	40
Working week 6 days +	34
Has experienced work-related accident	19

Source: Puapongsagorn, N. et al. 2001. *Status and trends in child labour in Thailand and its effect on the future opportunities of child labourers*, p. 70.

<sup>77</sup> National Statistics Office. Undated. *1990 population and housing census, whole kingdom*, p.114, Table 20.

<sup>78</sup> National Statistics Office. 2000. *Labor force survey: August*.





Establishing school rather than work as the norm for all children is critical for child development and national economic growth. Families benefit substantially by redirecting children from work to education. In order to do this, households may require some sort of income transfer program; but the financial costs of such a programme are far outweighed by the prospective benefits.<sup>79</sup>

The provision of better opportunities is vital, since an approach based solely on legal prosecutions merely forces the use of child labour underground, resulting in children losing their right to protection and benefits under labour law. The lack of vocational training leading to well-paid jobs for girls is a principal reason why girls who are not academically inclined leave school early, placing them at greater risk of being used for labour.

### 3.4.2 Birth registration

Unregistered children account for some 5 per cent of newborns, or 50,000 children, each year.<sup>80</sup> They include:

- children born in remote areas or at home to Thai parents unaware of birth registration requirements;
- children of non-citizens (including significant numbers of ethnic minorities resident for a generation or more);
- children of internal migrants who have not changed their household registration; and
- children of foreign migrants.

In addition, due to a belief among officials that undocumented mothers sometimes falsely list a Thai as the father, citizenship is often contested in cases where only one parent is Thai.

Birth registration does not confer Thai citizenship, but it does provide confirmation of birth and parentage. Lack of registration combined with second-class status for minorities and migrants threatens to create a permanent social underclass.

Article 7 of the Convention on the Rights of the Child states that children must be registered and thereby given a legal identity immediately after birth. As Thailand strengthens its position as a regional leader, ensuring that nationals of neighbouring countries are registered at or soon after birth would set an excellent example for others to follow.

Birth registration is also crucial for the realization of other rights, and analysis by the National Economic and Social Development Board has identified unregistered children as among the most vulnerable in Thailand. Without birth registration, children are more vulnerable to trafficking and other forms of abuse and are restricted or denied access to schools and medical care as well as legal support and other forms of protection and redress.

For example, despite the fact that a 1992 Ministry of Education order allows schools to enrol students in the absence of birth or household registration, the Ministry has found that large numbers of undocumented children remain out of school because officials are unaware of the ruling or wish to avoid possible administrative difficulties and problems in the classroom. Schools that do accept children without birth registration can issue only a certificate of completion and not a graduation diploma.

<sup>79</sup> International Programme on the Elimination of Child Labour. 2003. *Investing in every child: An economic study of the costs and benefits of eliminating child labour*, p. 73. Available online at <http://www.ilo.org/public/english/standards/ipecc/publ/policy/index.htm>

<sup>80</sup> National Statistics Office. 1995. *Inter-census population study*.



### 3.4.3 Commercial sexual exploitation

The most vulnerable girls and boys face pressure to contribute to family incomes, sometimes involving them in illegal activities (including prostitution and drug pushing) and limiting their ability to realize their right to education. Girls who are not academically inclined have fewer vocational training opportunities than boys, limiting them to occupations that perpetuate or increase their vulnerability.

Sources in both the north and northeast indicate that a growing number of schoolgirls as young as 15 organize and manage mobile phone networks providing sexual services to men. In the northeast, such networks are more likely to be found in the university towns of Khon Kaen, Udon, Mahasarakham, Nakorn Ratchasima and Ubon Ratchatani. Typically, the head of a network will leave her mobile phone number at local hotel desks. When a hotel customer wants a girl, the hotel calls the head of the network, who in turn calls one of the girls working for her.<sup>81</sup> In 2003, 11 teenagers were detained for running such networks, along with five young males held for involvement in trafficking.

Those who work with young people indicate that materialism contributes to the acceptance of prostitution and the involvement in trafficking of young people. They add that some girls who have lost their virginity feel that they have nothing further to lose by involvement in commercial sex.

As young girls enter puberty, the likelihood of sexual abuse increases. Staff of non-governmental organizations interviewed in Khon Kaen for the purposes of this situation analysis indicated that girls with no birth registration are less likely to report rape for fear that their undocumented status will cause legal problems. Such girls are therefore more likely to be subjected to abuse.

### 3.4.4 Drug and substance abuse

Amphetamine availability and use spread dramatically in Thailand during the 1990s as efforts to suppress the use of opium and heroin led drug pushers to turn to other substances. In response, the government launched a so-called “war on drugs” between February and April 2003. Following the crackdown, drug users reported using substitutes such as glue and alcohol rather than quitting substance abuse.<sup>82</sup>

Data from the Office of the Narcotics Control Board indicate that levels of alcohol consumption among secondary school students rose by 75 per cent between 1989 and 1996.<sup>83</sup> A UNICEF survey in 2001 found that 7 per cent of respondents aged from nine to 17 years old reported friends who had tried illegal substances.<sup>84</sup>

As well as a commitment to strict law enforcement and punishment for all those involved in drug trafficking and manufacture, government drug policy includes promises to ensure treatment, rehabilitation and vocational training services for drug addicts and to amend laws preventing access to such services.

A number of factors have been identified as important for ending drug use, including family pressure, fear of arrest, desire for a better future and relationships with people who understand the user's problems. Abstinence from drug use is made less likely by feelings of being distrusted and looked down

<sup>81</sup> Ong-Art, A. pers comm., April 2003.

<sup>82</sup> UNICEF. 2003. Summary document of UNICEF participation at the 14<sup>th</sup> International Conference on the Reduction of Drug Related Harm, Chiang Mai, Thailand, April 2003, p. 97.

<sup>83</sup> Wibulpolprasert, S. ed. 2001. *Thailand health profile, 1999-2000*.

<sup>84</sup> UNICEF. 2001. *Speaking out! Voices of children and adolescents in East Asia and the Pacific*.



on, drug availability, friendships with other drug users, lack of family understanding and support, and the difficulty of getting information about the nature of treatment and its costs.<sup>85</sup>

### 3.4.5 Children in conflict with the law

Children in conflict with the law should only be placed in detention as a last resort, and then only in juvenile detention centres that are designed for the specific needs of underage prisoners.

Fortunately, Thailand has seen increases in the number of juvenile cases being referred to family conferencing rather than the courts. This conferencing involves bringing together children in conflict with the law, their parents, victims of crime, the police and other government officials to discuss

alternatives to detention, including financial restitution and community service. As a result, the number of children being sent to penal institutions is declining.

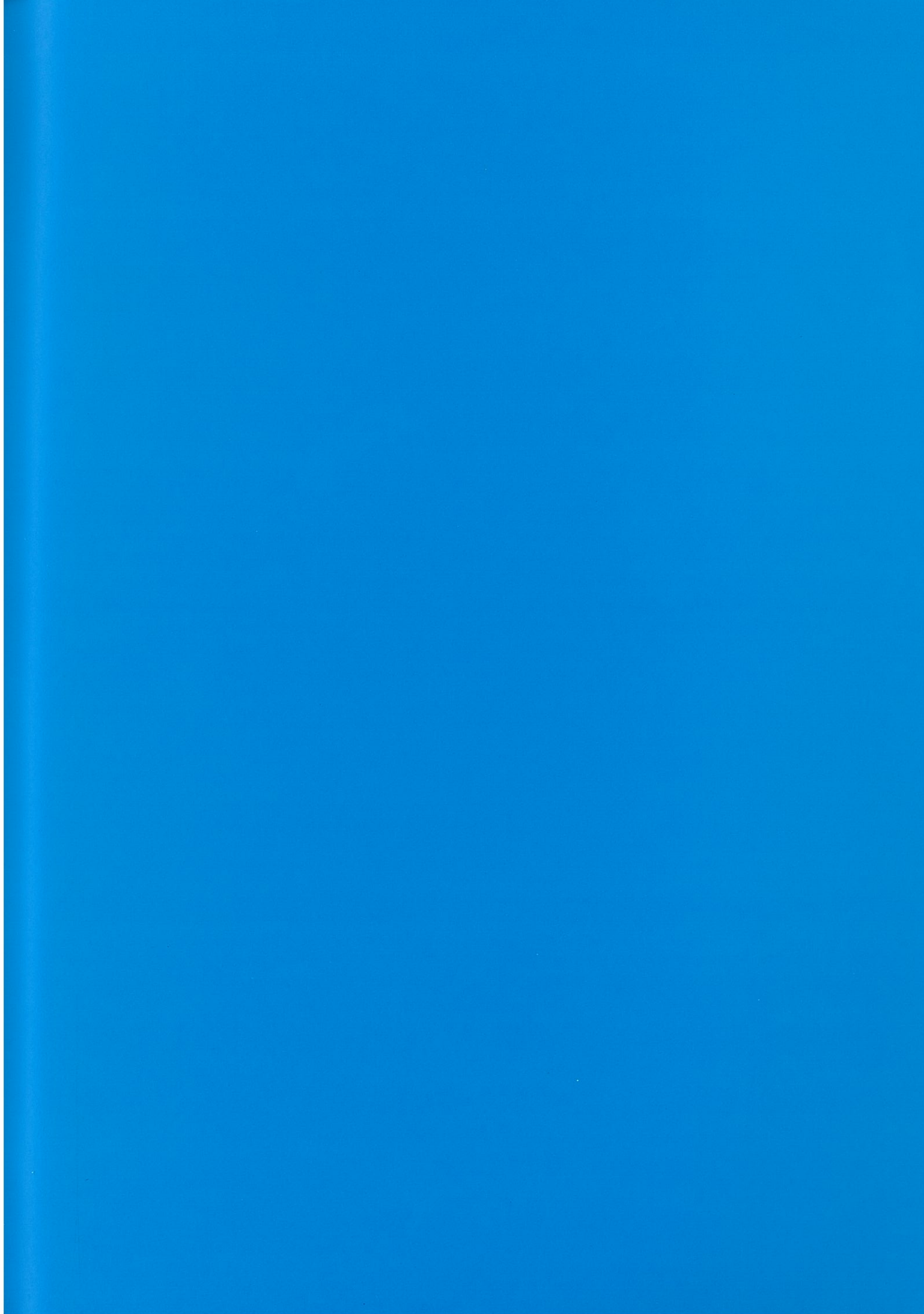
Nonetheless, some 1,000 juvenile offenders (aged less than 19) are still held in adult prisons in provinces that do not have juvenile facilities. After sentencing, they are sent to juvenile detention centres in neighbouring provinces. The bulk of young offenders are held in such detention centres in 34 provinces. In 2004, 30,368 males and 2,940 females were sent to detention centres.

Although drug-related charges account for the largest number of young people in detention, crimes range from petty theft to illegal logging to human trafficking.<sup>86</sup>



<sup>85</sup> *Ibid.*

<sup>86</sup> Corrections Department, Ministry of Justice. 2003. *Statistics of accused criminals by age: 1999-2003.*







# 4.

## INSTITUTIONAL CHALLENGES AND RECOMMENDATIONS

The Child Protection Act represents an opportunity to make fundamental improvements in child protection. Excellent legislation to protect the rights of children in Thailand is now in place; but legislation is irrelevant if it is not implemented. The challenge now is to build official and popular capacity so that the rights enjoyed by children on paper become reality. If this is to happen, there is a need to address a number of issues, including:

- **Monitoring, data analysis and capacity for immediate action to address problems**, including institutional analysis of the impact on children of existing and draft policy and legislation.
- **Child sensitive judicial and criminal procedures**, especially in provinces that do not have juvenile courts, specially trained police officers, professional juvenile and family counsellors for children.
- **Media efforts** to inform the public and children of their rights, and to strengthen community capacity to address the factors that make children vulnerable.
- **Capacity building and universal standards for service providers**, which, given the broad scope of those expected to assume roles related to the Child Protection Act, will require the formation of a corps of child protection and child rights trainers.
- **Strengthening Thailand's second National Strategy for Children** by taking more

account of development and rights-based theory, and the financial and work pressures faced by families. Reporting on implementation of the National Strategy is inadequate, partly because there is not enough gender-disaggregated data to allow proper targeting.

- **Greater budgetary support for the Office of Promotion and Protection of Children, Young People and Vulnerable Groups** in recognition of its mandate and new responsibilities related to the Child Protection Act.

### 4.1 Legislation and enforcement

Low levels of awareness have reduced the impact of legislation, including that of the Constitution and the Child Protection Act. For example, laws on prostitution and trafficking have not been implemented due to official lack of understanding or interest.

Other problems include: (a) inadequate budgets and staff capacity, especially at the district and tambon levels; (b) changing mandates brought about by the restructuring of government agencies; (c) weaknesses in monitoring; and (d) limited understanding of and commitment to child rights.





## 4.2 Data and monitoring

For the whole range of issues presented in this report, it is very difficult to get reliable and consistent data, particularly for complex or sensitive issues such as domestic violence against children and women, sex trafficking and drug use. For example, estimates for different vulnerable groups range from:

• Children in poverty	- 1.49 million to nearly 4 million
• Children in prostitution	- 255 to 15,000
• Orphaned children	- 36,912 to 65,200
• Children affected/infected by HIV/AIDS	- 10,300 to 14,886
• Ethnic minority children	- 25,957 to nearly 400,000

The government's focus solely on institutional data can give an overly optimistic picture; and even when sufficient data exist, mechanisms for ongoing reporting and analysis to inform policy and programmes are often absent.

The Office of Promotion and Protection of Children, Young People and Vulnerable Groups, which is mandated to oversee monitoring and to serve as a data clearinghouse, faces resource and capacity limitations. Specific challenges that must be addressed are:

- developing indicators or narrowing the number of indicators;
- developing uniform methods and systems for data collection;
- ensuring that all National Statistics Office and ministerial data are disaggregated by age, sex and location;
- sharing and coordinating data use;

- improving the use of data to address casework needs; and
- data analysis for program assessment and policy refinement.

Ongoing decentralization and pressure for communities to take on additional monitoring roles will provide further challenges. Capacity at the local level remains largely inadequate. The government does not have the human or financial resources to provide proper training and local people do not have the required knowledge for monitoring and evaluation.

It is critical that government agencies identify and distinguish between data that can be collected simply at the community level and those which require more sophisticated technologies or sampling methods, such as data on iodine deficiency, where urinary iodine laboratory tests would increase the likelihood of early interventions, or child abuse, where social inhibitions reduce reporting.

A number of private and public agencies are involved in addressing violations of children's rights. Uniform reporting formats have been developed and piloted, but the structure for monitoring implementation of the Convention on the Rights of the Child has not been formalized.

Studies of issues such as trafficking, prostitution and child labour tend to emerge from civil society rather than government organizations. Although such studies receive increasing media focus, their impact on policy remains limited.

There is a need for evidence-based policy formulation. At local and national levels, data and findings from routine studies are usually ignored, despite the fact that considerable analytical capacity exists within Thailand. Policy makers are more likely



to react to one-off and dramatic events rather than considered analysis of the effects of proposed or existing policies on the wellbeing of children.

### 4.3 Service provision

A pilot scheme to provide hospital-based crisis centres has been successful and is being expanded nationwide. The commitment of hospital management has been critical. Developing that commitment will be a primary challenge for ongoing success.

More effort is needed to establish a consistent standard for private and public providers of services such as halfway houses, shelters and hotlines. This will require more training tailored to the specific needs of different categories of service provider. Such training should cover : (a) how to identify and respond to the specific needs of children and (b) the services to which children can be referred once their needs are identified. This issue will become more important as Thailand moves away from institution-based care for children in crisis.

Multi-disciplinary child protection teams exist in some provinces, but do not always function systematically. The passing of the Child Protection Act is an opportunity to develop such teams in other areas and improve service provision where they already exist. In most provinces, trainers, psychologists and psychiatrists are largely unavailable to assist in evaluating cases and advising direct service providers.

### 4.4 Children's life skills and participation

Education about children's rights remains limited and the Convention on the Rights of the Child is not a formal part of the national curriculum. Life skills education is provided in schools, but has been faulted for its prescriptive character. Young people are not encouraged to analyze situations and make their own judgments. Teachers often lack the skills to address sensitive issues, and young people are sometimes reluctant to talk with teachers or counsellors. Out-of-school children and youth have little access to information, services and supplies.

Participatory processes in schools are improving, although cultural norms of respect for adults are still interpreted in ways that often stifle young people's voices. Opportunities for children to participate in research, planning and advising remain limited but are growing. Government agencies have expressed interest in strengthening participation by developing child and youth councils from the national to the sub-district level.

### 4.5 Community-level involvement

Community-based child protection bodies have been trained and are now functioning in pilot communities. Their experiences will provide important lessons when efforts are expanded countrywide, although local conditions and critical assessment by local people will be of great importance.

The child protection and promotion movement lacks strong, politically strategic leadership, reducing its impact upon policy and budget priorities and its public visibility. As a result, Thailand has yet to develop an environment in which the rights of all children are protected. Condemnation of





“troublemaking” children and conventional views of which “good” children and youth deserve assistance marginalize the most vulnerable.

Every child, parent and community leader should be familiar with the principles and specific provisions of the Child Protection Act. The public has already shown commitment to addressing violence against

children, which is demonstrated by high levels of charitable giving to organizations that work on child violence and child development. However, donations are harder to solicit for organizations and projects at the policy level. Members of the public also remain unlikely to act if they come across cases of actual abuse in their local communities.



## Annex I. Summary of progress towards meeting the Millennium Development Goals

Millennium Development Goals Scorecard Revisited			
Target	Government assessment <sup>87</sup>		UNICEF Assessment
1. Halve the proportion of people living in extreme poverty between 1990-2015	<b>Achieved</b>	Poverty incidence reduced from 27.2% in 1990 to 9.8% in 2002.	Questions remain regarding the adequacy of the poverty line.
2. Halve the proportion of people who suffer from hunger between 1990-2015	<b>Achieved</b>	Proportion of population under food poverty line dropped from 6.9% to 2.5% during 1990-2002, and the prevalence of underweight children under five dropped from 18.6% to 8.5% during 1990-2000.	Sub-clinical nutritional deficiencies remain unaddressed and obscured until economic or other shocks reduce dietary intake, when clinical symptoms appear.
3. Ensure that by 2015, boys and girls alike, will be able to complete a full course of primary schooling	<b>Possible</b>	Gross enrolment ratio and the retention rate indicate that it is likely that Thailand will achieve universal primary education well ahead of 2015.	Net enrolment of 86% indicates that too few children enter school at the time suitable for maximum mental development.
4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	<b>Probable</b>	Thai girls and boys have had equal education opportunity at all levels. Girls are, however, outnumbering boys in higher education.	The girl: boy ratio at primary level has fallen from the 1991 level of 0.95 to 0.93 in
5. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.	<b>Unable to make an assessment</b>	Due to a switch from manual to on-line data, there is a break in the trend data. Besides, the target is unrealistic and is replaced by the U5M of high-income OECD in 2000.	Improved reporting suggests that previous figures considerably underestimated mortality among young children.
6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	<b>Possible</b>	MMR dropped by two-thirds during 1990-2000. The increase since 2000 is a result of the expansion of coverage and technical change in data collection. The target is also considered unrealistic and is replaced by the MMR of high-income OECD in 2000.	Hospital records have proved to considerably underestimate MMR; the Ministry reports MMR of 43.9, compared to 23.9 based on hospital reports.
7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS	<b>Possible</b>	Prevalence rates dropped by half from peak years in most high-risk groups. Challenges lie in the rapidly changing epidemiology of the disease.	ANC sero-prevalence rates have increased in 25 of 76 provinces since the mid-1990 peak.
10. Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation	<b>Achieved</b>	A small shortfall in safe drinking water in the urban area is acceptable, considering that it is very close to universal access.	Reports that GI tract infections contribute to delayed development suggest that focus on this goal remains important.

<sup>87</sup> From the government's 2004 MDG report. Office of the National Economic and Social Development Board and UNDP. *Op cit., passim.*