# Situation Analysis of Children and Women in Thailand 2011

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# Contents

# Acronyms

| | |
|---|---|
| AIDS | acquired immune-deficiency syndrome |
| ART | antiretroviral therapy |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| HIV | human immune-deficiency syndrome |
| IQ | intelligence quotient |
| ILO | International Labour Organization |
| IMR | infant mortality rate |
| MICS | Multiple Indicator Cluster Survey |
| MMR | maternal mortality rate |
| MOPH | Ministry of Public Health |
| MSDHS | Ministry of Social Development and Human Security |
| NGO | non-government organization |
| OECD | Organisation of Economic Co-operation and Development |
| OPP | Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups (MSDHS) |
| PMTCT | prevention of mother-to-child transmission |
| RAMOS | Reproductive Age Mortality Survey |
| U5MR | under-five mortality rate |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNGASS | United Nations General Assembly Special Session on HIV/AIDS |
| UHCS | Universal Health Coverage Scheme |
| UNICEF | United Nations Children's Fund |
| VRS | vital registration system |
| WHO | World Health Organization |

# Introduction

The well-being of children and women in Thailand has improved since UNICEF's previous analysis of their situation was published in 2005.[1] Poverty levels have continued to fall: the number of people living below the poverty line went from 28.4 per cent in 1992 to 8.1 per cent in 2009.[2] Thailand also achieved the Millennium Development Goals well before the 2015 target date.[3] Not everyone, however, has benefited equally from this progress and wide disparities in socio-economic indicators remain, with children often faring the worst. Poverty is widespread in the rural North-East, North and far South of the country. For instance, 13 per cent of the population in the North-East in 2007 were considered poor while in Narathiwat and Pattani, two predominantly Muslim provinces in the far South, 20 per cent and 19.7 per cent, respectively, of people were poor. In Bangkok, less than 2 per cent of people were living in poverty. Comparatively, the national average in 2009 was 7.7 per cent.[4]

Among the most vulnerable are children of ethnic minorities, migrants, people who live in remote border areas and those who lack a nationality due to non-registration of their birth. Even as Thailand attains upper-middle income status,[5] children and women still face a complex and inter-connected set of challenges. These include increasing disparities, the uneven quality of education, urbanization, the rapid ageing of the population, climate change, gender discrimination and the impact of migration. This report highlights those critical challenges that will need to be overcome in order to realize the national vision for children and their rights to development, protection and participation.

1 Children and Young People In Thailand: UNICEF Situation Analysis, UNICEF, 2005.

2 Social Situation and Outlook, National Economic and Social Development Board, Third Quarter, 2009 (in Thai) www.nesdb.go.th/tem_social/ts/temp_social_3_2553.pdf.

3 Thailand Millennium Development Goals Sourcebook, National Economic and Social Development Board, 2005.

4 Human Development Report Thailand, United Nations Development Programme, 2007.

5 The World Bank's definition of a GNI for upper-middle income countries is $3,976 to $12,275: in 2010, Thailand's GNI was estimated at US$4,210.

# Part I: Thailand overview

## 1. Political and legal context

### *Political situation*

In 2010, Thailand experienced one of its most serious periods of social unrest since it became a constitutional monarchy in 1932. Over several months, a coalition of groups against the Government occupied the main business district of Bangkok. By the time the unrest ended in May, 90 people had died and more than 1,800 were injured. The 2010 unrest was the latest episode in a four-year long period of political instability, with several changes in political leadership, including a coup d'état in 2006. The reasons behind the political unrest are complex, with little consensus among analysts of their relative weight. Inequality in opportunities, persistent poverty, uneven national development and a sense of disempowerment among substantial parts of the population were identified as major factors. The prolonged political crisis and instability has disrupted Thailand's social development path, impeding continuity of policy direction and implementation. The political crisis also has created splits within society along political lines and weakened respect for the rule of law and democratic institutions.

### *Constitutional reform*

Thailand's 1997 Constitution contained a number of progressive features guaranteeing equality for all in access to basic services, protection of the rights of children and women from violence and unfair treatment as well as the establishment of independent bodies to ensure the rights of all people and accountability of the Government. Under the 1997 Constitution, the country experienced progress in the development of new laws and policies to promote and protect the rights of different sectors of the population. Independent bodies, such as the National Human Rights Commission, were given important roles in promoting and monitoring the effective implementation of international human rights standards. During its six years as an office, the Human Rights Commission received more than 3,000 cases, including those concerning the violation of children's and women's rights.[6] The Human Rights Commission also acknowledged in a review of its first six years' experiences that its recommendations to state agencies and the Government in some cases of violations of rights as safeguarded under the 1997 Constitution had not received adequate responses.

The Government installed after the 2006 coup promulgated a new Constitution (24 August 2007), following a referendum. According to the Human Rights Commission, the new Constitution's safeguards for basic rights and freedoms are similar to those of the previous Constitution. The Constitution addresses challenges in enforcement by allowing its provisions on the protection of human rights to be immediately effective without prerequisite organic laws. It places more emphasis on direct participatory democracy: people are able to directly seek protection within the Constitutional Court and the Ombudsman Office, and lawsuits against the State can be filed for violation of community rights.

The 2007 Constitution also contains provisions on the rights of children, including the right to receive appropriate trial and legal process, as well as appropriate treatment in cases relating to sexual violence

6 The first National Human Rights Commission of Thailand: Some Reflections of the Six Years' Experience www.nhrc.or.th/news.php?news_id=3351.

(Article 40, paragraph 6). Children's rights to survival and physical, emotional and intellectual development to their fullest potential are also enshrined. The State protects children from violence and provides the right to rehabilitate victims. Article 52 entitles children and young people without guardians to receive care and education from the State. In relation to women's rights, the 2007 Constitution explicitly guarantees women's rights and clearly defines the State's responsibility to promote gender equality (Articles 30 and 80). There are also some positive provisions to facilitate greater participation of women in the political arena.

## National law and policy agenda

### *The Children and Youth Development Act 2007*

In Thailand, policies on children and young people and the supporting institutional frameworks have developed in line with the national political context. After the most recent change in the institutional structure under the Bureaucratic Reform Act 2002, responsibility for formulating and coordinating youth policy now lies within the Office of Welfare Promotion, Protection and Empowerment of Vulnerable Groups (OPP) within the Ministry of Social Development and Human Security (MSDHS). However, in relation to the size of its mandate, the overall human and financial resources of the MSDHS are limited.[7] The OPP has experienced a number of challenges in trying to coordinate the efforts of the different ministries and agencies involved in specific child and youth issues.

The Children and Youth Development Act 2007 seeks to strengthen institutions addressing the challenges confronting children and youth, especially their participation in development activities. The Act follows the principles and concepts of the Convention on the Rights of the Child, which Thailand ratified in 1992, including that of "the best interests of the child". It reaffirms the right of children and youth to a basic education of good quality, which is also stipulated in the Constitution. Children with disabilities and those with different learning abilities are entitled to State-provided special and appropriate education. It also reaffirms the right of children to the highest available standard of health care and the rights to play and to participate in cultural and social life. Article 7 of the Act stipulates that all children are entitled to have their birth registered and to exercise their right to development, protection and participation without discrimination.

Important requirements of the Children and Youth Development Act include establishing national and local mechanisms to promote the participation of children and youth in their own development and the setting up of Children and Youth Councils at the district, provincial and national levels. The prime minister chairs the National Children and Youth Development Committee. The annual National Children and Youth Assembly reviews the situation of children and youth and is a forum for the exchange of information and knowledge on young people's issues.

In 2008, the OPP began setting up the Children and Youth Councils at the district and provincial levels. The National Children and Youth Council was formed in June 2009 and includes representatives from the provincial councils and 38 representatives from youth groups. Members of the district and provincial councils already have been active in various forums to give their views and recommendations on issues of concern to young people. Interestingly at the district level, girls participate slightly more than boys in the councils, but at the provincial level, the boys are more represented than girls: at a male-to-female ratio of around 60:40. At the national level, there are only 4 females to 22 males. Involvement of female youth leaders, particularly at the national level, needs to be encouraged and closely monitored.

7 The budget of MSDHS in 2010 was 9,225.8 million baht. This represents 0.5 per cent of the total government budget, compared with 13 per cent allocated to the Office of Basic Education.

A National Children and Youth Assembly was arranged in November 2008 to draw up recommendations to the Ministry of Education for its planning on child and youth development. Currently, the modest budget to support the activities of Children and Youth Councils comes largely from the OPP. The Children and Youth Development Act stipulates that local government should allocate adequate funds for children's development programmes. This offers an opportunity to mobilize the resources and involvement of local communities in promoting children and youth development activities and helps ensure the sustainability of such programmes. Effective implementation of this aspect of the Act requires a monitoring system on the overall resource allocation to youth development.

### *National Strategy and Plan of Action for a World Fit for Children*

The National Strategy and Plan of Action for *A World Fit for Children* 2007–2016, adopted by the cabinet in 2007, guides Thailand's long-term agenda for children and youth. This ten-year plan complements and strengthens its existing commitment to the Convention on the Rights of the Child. The Thailand National Plan of Action has expanded the original four priority areas of *A World Fit for Children* into 11 sections: [8]

1. Family and children
2. Physical and psychological health
3. Safety promotion and prevention of injuries
4. Children and the impact of HIV and AIDS
5. Education and children
6. Children and recreation
7. Media and children
8. Culture and religion and children
9. Child participation
10. Protection for children in need of special protection measures
11. Legislation, rules and regulations concerning children

The MSDHS is the secretariat of the National Committee for Children and Youth and determines its three-year implementation plan for *A World Fit for Children* from 2007–2010. The longer-term National Strategy and Plan of Action for *A World Fit for Children* and its accompanying three-year plan allow greater integration and consolidation of existing child-related programmes and interventions from the national to local levels in the 11 priority areas. The OPP facilitates greater coordination across related agencies to implement the plan. The three-year plan also offers an opportunity to highlight specific issues or areas of concern that require special attention. Monitoring and evaluation targets and indicators have been developed to measure progress.

### *National Health Act 2007*

The National Health Act 2007 contains a specific section regarding the promotion and protection of women's and children's health. Article 6 of the Act stipulates the promotion and protection of women's health, including their reproductive health. The health of children and people with disabilities and other specific health characteristics are to be promoted and protected appropriately.

The Act mandated establishment of the National Health Commission consisting of representatives from local government offices, and other national agencies, including the Human Rights Commission, to develop, promote and support the country's health policies and strategies. It requires the National Health Commission to prepare statutes on the national health system for consideration by the prime minister's cabinet. Good health is proclaimed as one of the ultimate goals of development and a human right of all people; it is

8 Plus 5 Review of 2002 Special Session on Children and World Fit for Children Thailand, UNICEF, 2007, www.unicef/worldfitforchildren/files/Thailand_WFFC5_Report.pdf

defined as "a state of well-being in four aspects: physical, mental, social and spiritual." The Act establishes the rights and responsibilities of individuals, the community, local government and central government in promoting and protecting good health.[9] However, despite the specific recognition of good health as a human right, there is no clear policy direction on ensuring the right to good health of the undocumented migrant population living in Thailand.

### *Domestic Violence Victim Protection Act 2007*

Domestic violence has a serious impact on the well-being of affected women and children and it has long been a concern in Thailand. Survivors of domestic violence were not able to seek legal protection and redress under previous laws, and it was usually treated as an internal family matter. For nearly two decades, women's groups in Thailand advocated for a special law to address the problem.

In 2007, several important legislative milestones were passed to address sexual violence. Articles 276 and 277 of the Criminal Code were amended, making marital rape a criminal act. In November 2007, after almost 10 years of deliberation, the Domestic Violence Victim Protection Act came into effect. The Act proposes different approaches, methods and procedures for dealing with domestic violence from those based on criminal law. For example, the law provides opportunities for mental healing, rehabilitation and behaviour modification of offenders to try to stop repeated violent actions. It also allows victims and offenders to try reconciliation in the event that they want to resume a family relationship. The new law also recognizes the need for victims of domestic violence to be protected by the police. Where conciliation is not achieved, women can seek divorce on the basis of violence and abuse.

Although the new Act is a step forward, it is important to recognize that the police and women themselves have a major role in making effective use of this law. Some women's activists have observed that law enforcement officers are still not very sensitive to the situation that women survivors of domestic violence have experienced. They try to facilitate reconciliation rather than ensuring the protection of women, even though it may be against the interests of women who want to separate from an abusive partner. In addition, many women are still not aware of their rights under this new law and may not be able to fully benefit from its protection. Ensuring effective implementation of the law is the responsibility of the MSDHS, which has been providing related training to police officers in dealing with domestic violence.

### *The Tenth National Economic and Social Development Plan (2007–2011)*

Thailand has a well-established national planning framework that promotes national development goals and targets and broad strategies for achievement. The Tenth National Economic and Social Development Plan builds on the Ninth Plan in focusing on the principles of the 'sufficiency economy' philosophy of HM King Bhumibol Adulyadej. This philosophy seeks balance and harmony in life, family, community and society and the attainment of a stable and sustainable economic and social system. These goals are to be achieved through the adoption of three principles of behaviour: moderation, reason and resilience.[10] The Tenth Plan outlines five goals and related targets, as summarized in Table 1.

9 www.whothai.org/EN/Section7.htm

10 Sufficiency Economy and Human Development, Thailand Human Development Report, UNDP, 2007.

## Table 1: Summary of the Tenth National Economic and Social Development Plan

| Goals | Targets |
|---|---|
| Human development | • Ensure holistic development of Thai people, including livelihood security, to help strengthen family, society and nation.<br>• Increase average years of schooling to 10 years.<br>• Increase the level of medium-skilled labour force to 60 per cent of the total labour force.<br>• Increase the number of human resources in research and development to 10 per 10,000 employees.<br>• Reduce incidence of crime by 10 per cent.<br>• Increase average life expectancy to 80 years.<br>• Reduce the incidence of preventable, non-infectious disease. |
| Community development and poverty reduction | • Strengthen community learning capacity, develop secure local economy and live harmoniously with the environment.<br>• Ensure participatory community planning.<br>• Reduce the percentage of people living below the poverty line to 4 per cent by 2011. |
| Economic development | • Ensure sustainability, competitiveness and balance of the economic sector by improving production, creating safety nets for the economy and ensuring fair competition.<br>• Increase the ratio of domestic economic versus international trade to 75 per cent by 2011.<br>• Reduce the income gap between the top 20 per cent and the bottom 20 per cent (less than 10 times difference by 2011). |
| Protect natural resources and the environment | • Maintain biodiversity and ecological balance, strengthen community rights in resource management and support environmentally friendly production and consumption for sustainable development. |
| Strengthen good governance | • Instil democratic values and practices among all people and strengthen their participation in and monitoring of the government. Ensure greater efficiency and transparency among government units.<br>• Improve the transparency rate/figure to 5 per cent by 2011.<br>• Reduce government human resources by 10 per cent by 2011.<br>• Strengthen capacity of local governments to collect their own revenue and become more self-reliant. |

In parallel to the Tenth National Economic and Social Development Plan, there exists a five-year Women's Development Plan to promote the greater realization of women's and children's rights. The Women's Development Plan highlights five areas to promote or increase: i) gender equality attitudes; ii) women's participation in decision-making; iii) women's well-being and reproductive health; iv) security in life; and v) women's economic empowerment. Interestingly, the first strategy for promoting gender equality attitudes focuses specifically on female and male youth as target groups along with the family. It places the responsibility on schools to develop specific curricula and educational media to promote gender equality. Parents are also encouraged to foster appropriate gender roles and value sons and daughters equally. In addition, the strategy also defines the collaboration of different institutions, from family and schools to religious institutions and the media, to promote gender equality and human rights among youth. The effective implementation of the plan requires a monitoring and evaluation framework.[11]

11 Women's Development Plan 2007-2011, Office of Women's Affairs and Family Development, 2008.

# 2. Economic and social development

As elaborated further on, over the past 30 years Thailand has made remarkable progress in many indicators of social development and towards realizing children's and women's rights. Underpinning this achievement has been sustained economic growth and an associated decline in levels of household income poverty. Thailand recorded average economic growth of 9.2 per cent per annum from the mid-1980s to the mid-1990s, before becoming engulfed in the economic crisis that began in 1997. A study in 2006 by the Thailand Development Research Institute found that economic growth from 1992 until the 1997 crisis had a greater impact on poverty reduction than growth during 1986–1992.[12] The proportion of poor people halved, from 28.4 per cent in 1992 to 14.7 per cent in 1996. The 1997 crisis resulted in an economic slowdown and an increase in unemployment, with the average growth slowing to 0.7 per cent during 1997–2000. By 2002, the economy had started to recover, with growth reaching 5.3 per cent while the proportion of people living in poverty declined to 14.9 per cent; by 2009 it had fallen to 7.7 per cent.

Social sector spending has taken the largest share of the national budget in recent years, with expenditure on education accounting for the largest proportion (Table 2). Although the education budget, as a proportion of government spending, decreased from 25.6 per cent in 2000 to 22 per cent in 2008,[13] there was an increase in funding in absolute terms. Health spending was at a much lower constant proportion from 2000 to 2006. This share only started to increase in 2007, despite rising costs, as a result of the Universal Health Coverage Scheme (UHCS), which began in 2002. Demand for health services is continuing to rise as use of the UHSC grows and as a result of the ageing population. Some analysts believe that this growth in demand for services provided through the UHSC will place increasing strain on an already-limited health sector budget.

**Table 2: Social sector spending as a percentage of the national budget**

| Social sector spending (%) | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|---|---|---|---|---|---|
| Education | 25.6 | 24.4 | 21.8 | 23.5 | 21.6 | 21.9 | 21.7 | 22.8 | 22.0 | 21.7 |
| Health | 7.4 | 7.1 | 7.1 | 7.8 | 7.2 | 7.3 | 7.4 | 9.5 | 9.3 | 9.0 |
| Social welfare | 5.4 | 5.7 | 6.9 | 7.6 | 9.3 | 7.2 | 7.1 | 7.2 | 6.9 | 6.8 |
| Housing/ community | 4.3 | 4.0 | 5.2 | 2.4 | 1.7 | 1.9 | 3.0 | 1.7 | 2.8 | 3.4 |
| Religion, culture & recreation | 0.9 | 0.7 | 0.6 | 0.6 | 0.6 | 0.6 | 0.7 | 0.8 | 0.8 | 0.8 |
| Total | 43.6 | 42.0 | 41.6 | 42.1 | 40.4 | 38.1 | 39.9 | 41.8 | 41.8 | 41.7 |

Source: Bureau of the Budget, Ministry of Finance

12 Somchai Jitsuchon, Sources and Pro-Poorness of Thailand's Economic Growth, Thammasat Economic Journal, Vol. 24, No. 3, September 2006.

13 This percentage of education budget in 2009 does not reflect the additional budget being allocated for the 15 years free education programme announced in January 2009.

## *Employment and social protection*

According to the National Labour Force Survey, in 2008 there were 38.3 million people in the labour force. Males constituted 54 per cent of the total labour force, while women accounted for 46 per cent.[14] Although there is an increasing trend in women's participation in the workforce, women still engage in the larger part of unpaid household work.[15] Men outnumber women as employers, government employees, private employees or own-account workers. Women outnumber men as unpaid family workers and members of producers' cooperatives.[16]

National Statistical Office data indicated that in 2008 around two thirds (62.7 per cent) of all employed people worked in the informal economy. These included agricultural employees and employers, the self-employed, domestic workers, home workers (who mostly engage in subcontracted work at home) and those running small, unregistered enterprises. A large proportion of informal workers are in agriculture and fishing, where they are more exposed to occupational accidents and injuries yet do not have any form of social security or labour protection.

Young people aged 15–19 years made up 3.2 per cent of the total formal and informal economy employment in 2008, or about 1.2 million of 38 million people. This figure reflects a 50 per cent decline from a decade earlier as a result of greater educational opportunities and lower birth rates.[17] However, there are regional differences: the southern region has the greatest proportion of working young people, 6.7 per cent of whom work in the formal economy and 4.6 per cent in the informal economy.[18]

There are different types of contributory and non-contributory social protection schemes in Thailand. Most of them only apply to employees in the formal economy, government officials and employees of state enterprises. The largest contributory coverage scheme – the Social Security Fund – also allows the self-employed and the unemployed who have previously been in the system to be insured. Some migrant workers who enter the country to work under bilateral agreements with neighbouring government are also entitled to social security benefits. Their employers must register them in the social security system and deduct 5 per cent of their wages to pay into the social security fund.[19] However, benefits differ. Informal economy workers are generally not entitled to most of the existing social protection programmes, except for the UHSC.[20] Other social assistance schemes are ad hoc, and hence workers in the informal economy and their families are particularly vulnerable in times of economic crisis. Non-citizens living in Thailand, including nearly 1 million ethnic minority people without birth certificates, and undocumented migrant workers and their families remain without any formal social protection (Table 3.).

14 Labour Force Survey, Third Quarter, National Statistical Office, 2008.

15 Women's Development Plan 2007 – 2011, Office of Women's Affairs and Family Development, 2008.

16 Labour Force Survey, First Quarter, National Statistical Office, 2010.

17 'Inter-regional project: How to strengthen social protection coverage in the context of the European Union Agenda on decent work and promotion of employment in the informal economy. Thailand: A case study', ILO, Geneva, 2008.

18 Survey of Informal Workers, National Statistical Office, 2008.

19 Migrant Policy: Balancing Economy, Health and Well Being (conference report), PHAMIT, March 2008.

20 op. cit., ILO, Geneva, 2008.

## Table 3: Social protection schemes in Thailand

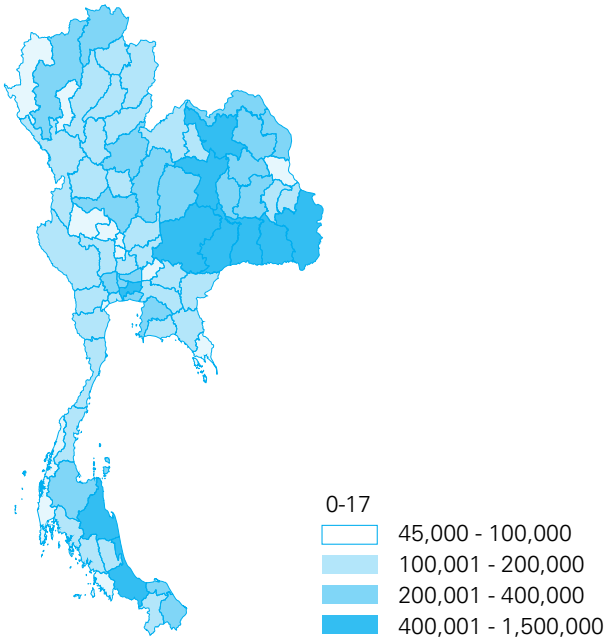
| Type of scheme | Coverage | Benefits |
|---|---|---|
| **Contributory** | | |
| Workman Compensation Fund | Private employees | Compensation for work-related accidents or death |
| Social Security Fund | Non-agricultural private employees, former insured persons who became unemployed, self-employed | Health, child allowance, maternity, unemployed, disability, old-age and death benefits (only the non-agricultural employees receive the full benefits) |
| Provident Fund | Employees and family members of government organizations, state enterprises and private companies | Long-term savings, income security |
| Government Pension Fund | Government officials | Long-term savings, income security |
| Private School Teachers' Welfare Fund | Private school administrators, teachers and employees | Long-term savings, income security |
| **Non-contributory** | | |
| Government social protection | Government officials | Child allowance, deaths and disability benefits |
| State enterprise social protection | State enterprise employees | Same as with private sector employees but amount and coverage varies |
| Government pension | Retired government officials | Pension or lump-sum payment |
| Civil Servant Medical Benefit Scheme | Government officials and their dependants | In- and out-patient medical care |
| Universal Health Care Coverage | Thai citizens who are not entitled to other health schemes | In- and out-patient treatment, maternity, child birth, some dental care, preventive and emergency care |
| Social assistance | Children, disadvantaged women, elderly, people with disabilities, low-income families, ethnic minorities, victims of disaster, children affected by HIV or AIDS | Mostly in-kind assistance, scholarship, skills training; cash assistance in some cases |

Source: ILO, 2008

## *Population and demographic change*

There are approximately 800,000 births each year in Thailand. In 2008 the estimated total child population (0–17 years) was 17.5 million (8.9 million males and 8.5 million females). The child population is not evenly distributed across Thailand, as illustrated in figure 1. In some provinces, particularly in the South, children make up almost one in three of the population, whereas in others, including Bangkok, they are only one in five. In absolute terms, the greatest number of children is in the north-eastern region (37 per cent), which is also the poorest area of the country.

**Figure 1: Map of Thailand's child (0-17) population distribution 2009**




Sources: NSO Population Projections 2000-2030
Note: The boudaries and the names shown and the designations used on these maps do not imply official endorsement or acceptance by the United Nations.

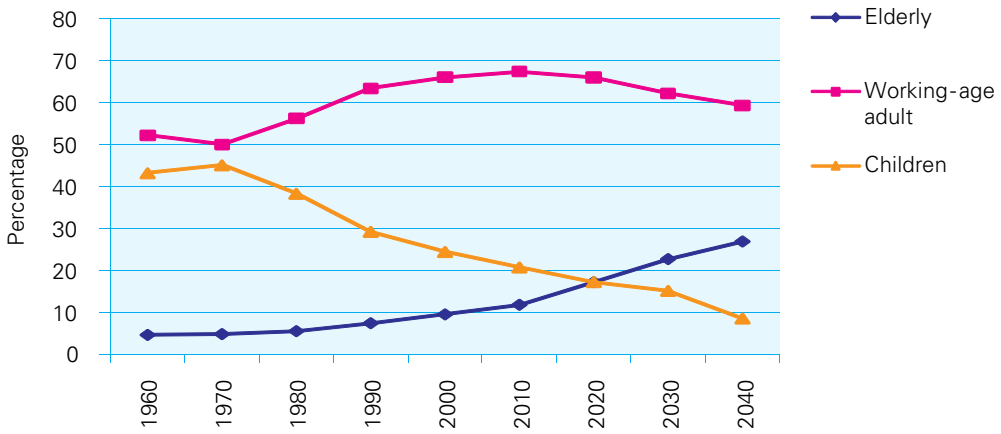
As recently as the past decade, Thailand was considered a country of the young, but it has become a rapidly ageing society. The situation has changed due to a decline in the birth rate as families now tend to have fewer children because of declining infant mortality, easy access to family planning services and changes in lifestyles. The total fertility rate has been below replacement level for more than ten years.[21] The number of elderly people is also increasing at a higher rate than that of other age groups. With a longer life expectancy rate for females (76 years), women form the largest proportion of Thailand's ageing population.

In demographic terms, the period 1990–2020 is characterized as a 'golden time' for Thailand (figures 2 and 3). During these three decades, the population dependency ratio has been and will remain at its lowest: there is one child or elderly dependant for every two people in the working-age population. After this, the elderly dependency ratio will further increase even as the number of births declines. By 2040, the number of elderly is expected to be double that of children younger than 15 years.[22]

21 Mahidol Population Gazette, Vol. 18, Jan 2009, Mahidol University.

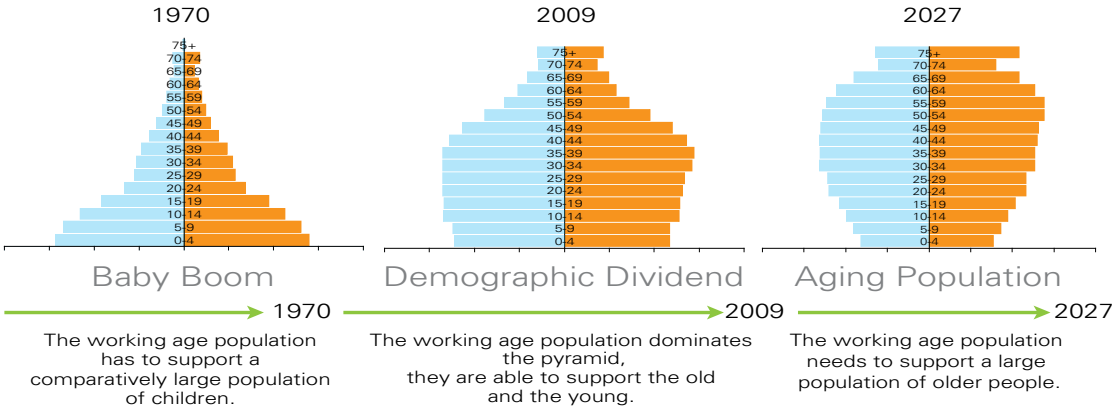
22 Ibid.

## Figure 2: Changing share of the three main population age groups




Source: Institute for Population and Social Research, Mahidol University and Thai Health Promotion Foundation, 2007

## Figure 3: Population pyramids




The anticipated demographic change will have profound implications for social and economic policy planning. A smaller number of people in the working age group will mean smaller contributions to the country's productive capacity and tax revenue base. It is also likely that the burden of care within the household will fall on the shoulders of women who are perceived as responsible for social reproduction or as family service providers. A survey among the 13–59 age population a decade ago found that about four fifths had to take care of their parents; among the caregivers, two thirds were women.[23] Meanwhile, the Government will have to spend more on health care and social assistance to combat poverty among the elderly. The decline in the working-age population may also have implications on the demand for foreign workers to fill the labour gap.[24] This in turn will increase the need for a long-term vision for Thailand's immigration law and policy.

23 Women's Development Plan 2007, Office of Women's Affairs and Family Development, Ministry of Social Development and Human Security, 2008.

24 For instance, see "Govt Urged to Address Labour Shortage", The Nation, 27 December 2010; Jason Szep, "Analysis–Thailand Risks Growing Old Before It Gets Rich", Reuters, 2 March 2011.

At the same time, the declining number of births offers an opportunity for society to give greater attention to the care, development and protection of all children, including those who are vulnerable or have hitherto been excluded. A significant improvement in the coverage and quality of services for children, particularly in education, would be an investment in the development of the nation's human capital and productivity improvement of the labour force.

## *The role of the family*

The Convention on the Rights of the Child highlights the primary role of the family in ensuring the growth, development and protection of children. The family should provide a safe and secure environment in which children can learn and explore, as well as ensure their physical and emotional well-being. However, most families cannot shoulder the responsibilities of taking care of and protecting children entirely alone. Over recent decades, the structure of the family in Thailand has become increasingly diverse, while at the same time, the perception of the leading role of women as homemakers and carers for the family well-being remains unchanged.

Prior to the 1980s, men and women were engaged in agriculture in about equal numbers. In the 1980s and 1990s, large-scale migration of the rural population to cities in search of employment and other opportunities began. During the period when the export manufacturing sector was growing, around two million women left the agriculture sector.[25] This movement, particularly of working-age people, has changed the way families function and the relationships between parents and children. Many rural areas experience the phenomenon of a 'hollowed-out' population structure in which only the very young and elderly are present because the middle generation has left for work and other opportunities in the city, leaving their children behind. According to Thailand's Multiple Indicator Cluster Survey (MICS) 2005–2006, in the north-eastern region, 24 per cent of children whose parents are still alive are living with other caregivers.[26]

There are challenges associated with having grandparents or members of the extended family assuming the responsibility to take care of or be the guardian of children. Problems associated with the 'generation gap' arise between adolescents left with grandparents. In many cases, members of the extended family, including aunts and uncles, may take up such responsibilities because there is no other option. They may not be able to provide for a child's physical and emotional needs in the way that is in the best interest of the child. There have been reports that in some communities, arrangements for communal care have been extended to children with parents living elsewhere.[27] Although this pattern of child care practice in Thailand has been common for much of the past two decades, there is little research into its long-term impact.

Although parents who migrate from rural areas may still rely on the support of relatives to care for their children, the number of extended family households has declined during the last past ten years. The 2006 Labour Force Survey indicated that nearly 55 per cent of households in Thailand were of the traditional nuclear family structure.[28] The MICS 2005–2006 reported that 63 per cent of all children lived with both parents. However, there is an increasing trend of women as head of households: from 27.3 per cent in 2004 to 31 per cent in 2007.[29] This means that women increasingly take on responsibility as both breadwinner and homemaker.

25 Gender Information Pamphlet, Gender and Development Research Institute, 2010.

26 Final Report: the Multiple Indicator Cluster Survey, 2005-2006, NSO, 2006.

27 UNICEF Gender Consultant Meeting, 14 January 2010 (unpublished).

28 Social Indicator, National Statistical Office, 2007.

29 Human Development Report Thailand, United Nations Development Programme, 2007.

Analysis of case studies collected by the Child Watch Project highlights that family disintegration is affecting children's right to protection. There have been few systematic research studies examining the scale and impact of violence and conflict in the family; but it is notable that in 2009, the One-Stop Crisis Centre of the Ministry of Public Health dealt with 22,925 cases of violence against women and children, of which 12,031 were children – and 87 per cent of them were girls. Of course, many never seek hospital care so this figure may represent only a fraction of the real situation.

## *The community as a guardian of the rights of women and children*

Communities can take a prominent role in protecting and promoting women's and children's rights. Despite the changes of the past couple decades, the local community in Thailand remains an institution with important social, economic and cultural functions that bind its members together. The process of assigning responsibilities for basic social services to local authorities that began with the Decentralization Plan and Procedure Act of 1999 has presented both challenges and opportunities in supporting the community's role. The Act establishes specific tasks and a time frame for the devolution of a number of functions to improve the efficiency and effectiveness of service delivery. It also aims to increase equality in access and use of the services through greater public participation in local-level decision-making. Social services and welfare-related functions are among the most important that have been or will be transferred to local authorities. Table 4 highlights the child-related services and functions.[30]

**Table 4: Child-related services and functions under the Decentralization Plan and Procedure Act 1999**

| Transferred functions | Involved central agencies |
|---|---|
| Child development centres | Department of Community Development, Ministry of Interior |
| Child and juvenile welfare | Department of Social Welfare, Ministry of Social Development and Human Security |
| Primary education preparation (aged 4–6 years)<br>Primary education<br>Secondary education<br>Grants for supplementary food (milk) | Office of Basic Education, Ministry of Education |
| Local libraries and village reading centres | Department of Extended Education, Ministry of Education |
| Child lunch programmes | Permanent Secretary Office, Ministry of Education |
| Education for hilltribe children | Police Department, Office of Prime Minister |

Source: Decentralized Budget for Social Services at Tambon Administrative Organization Level, Thammasat University, 2009

The decentralization of functions began in 2001, with the exception of those under the Office of Basic Education, which requires local authorities to pass an assessment of their readiness. According to the decentralization plan, all identified local services were to be fully devolved to local authorities by 2010. However, there have been challenges in the process, including poor coordination among agencies, a lack of consultation and insufficient training to ensure that local authorities can take up their new responsibilities adequately. Researchers have also noted the absence of a system to monitor and evaluate the quality of public services and to ensure minimum standards and equal access.[31]

30 Decentralized Budget for Social Services at Tambon Administrative Organization Level, Thammasat University, 2009.

31 Ibid.

Despite these challenges, decentralization presents an important opportunity for making social services and programmes more responsive to communities' needs. It also offers space for greater participation of local people in the decision-making process as well as for local authorities to develop partnerships with civil society organizations to improve service provision. Although women may be perceived as very active in community life, representation in decision-making bodies at the local level is, on average, less than 10 per cent.[32] This may be part of the reason why budget allocations at the local level are found to concentrate more on infrastructure development than on social welfare.

The political context of Thailand is conducive to the development and participation of civil society organizations, including non-governmental and community-based organizations, in promoting the rights of women and children as well as providing health care, education, community development and skills training services. A number of NGOs have been important in raising public awareness on children's rights as well as highlighting the issue of violence against children and in providing health care, shelter and rehabilitation services for children and women. Many development NGOs and community-based organizations have also addressed the situation of children, and these organizations increasingly adopt children's rights-based approaches in their work.

Several NGOs and religious institutions are working to strengthen the role of communities in supporting children's education and learning. Additionally, there are initiatives by children's rights and women's rights NGOs to develop a community-level protection system through the training of volunteers and working with relevant authorities.[33] These initiatives have the potential to increase and strengthen community involvement in the delivery of social services if they are adequately supported and facilitated.

## *Role of mass media*

The increasing accessibility of diverse types of media and availability of new technologies, along with the changing family and community contexts noted previously, have increased the importance of the media in the development and well-being of children. The potential role of the mass media in progress towards the realizing of children's and women's rights can have both positive and negative aspects.

A 2005–2006 Child Watch Project report found that school-age children spent an average of 2–2.5 hours a day watching television; they also spent an average of 1.5 hours surfing the Internet. In addition, the report indicated that about 9 per cent of primary school-age children have watched pornographic websites while the figures were 22 per cent and 26 per cent for those at lower secondary and higher secondary school age, respectively. Higher percentages of children were also reported to watch pornographic cartoons and VCDs/DVDs.[34] A similar trend was reported among young adults, particularly young men.[35] A survey of Internet use among Bangkok university students indicated that 44 per cent of their viewing content was of moderate to extreme violence.[36]

32 National Statistical Office and Office of Women's Affairs and Family Development, 2008, op. cit.

33 Foundation for Women 2008; Foundation for Child Development 2007, Annual Report.

34 Child Watch Report 2005-2006, Ramjiti Institute.

35 National Sexual Behavior Survey of Thailand 2006, Institute of Population and Social Research, Mahidol University and UNAIDS, 2007.

36 Cited in Thai Health Report 2007 p.35.

Children's and women's rights advocates have criticized the media in Thailand for perpetuating negative stereotypes of children and women. Their portrayal in most TV dramas and advertisements is highly objectified, with traditional gender roles and stereotypes strongly reinforced. Men are shown as leaders and the dominant partner in a relationship, while women are placed in more subordinate and submissive roles. The portrayal of women as sex objects and the use of sexist language in the media are still prevalent. Negative gender stereotypes are still found in reports on domestic abuse and sexual assaults, in which women are held responsible for the violence perpetrated against them. On a positive note, there have been a number of attempts to sensitize people working in the media on gender; for example, guidelines for reporting issues relating to sexuality were issued by the Newspaper Reporters Association of Thailand in collaboration with the Promotion of Women's Health Foundation. In addition, the Domestic Violence Act of 2007 contains a provision that prohibits media reporting on cases that are under judicial process.

There is a lack of good-quality children's television programming, especially during children's peak viewing hours. Despite a cabinet resolution mandating that 10–15 per cent of television prime time (from 4 p.m. to 10 p.m.) should be for programmes that promote education and learning for children, youth and the family, the actual level in 2008 was only 3–4 per cent.[37]

37 Thai Health Report 2008 p. 33.

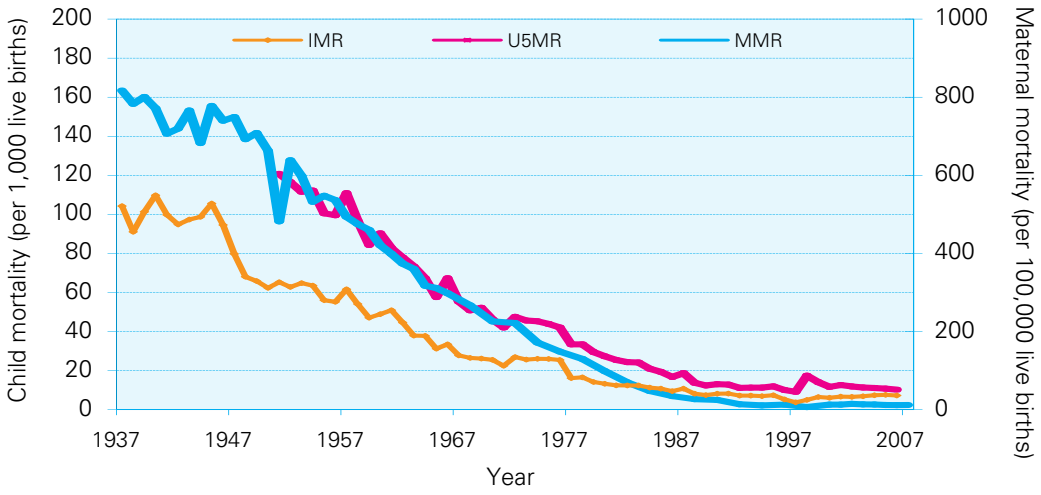
# Part II: Realizing the rights of women and children

## 1. Achievements and remaining challenges

### *Child and maternal mortality*

The rates of infant, under-five and maternal mortality are standard indicators of the well-being of children and women and overall human development. Thailand has registered significant progress in reducing the numbers of child and maternal deaths in recent decades. According to data from the vital registration system (VRS), in the 1930s, the maternal mortality rate (MMR) was nearly 1,000 per 100,000 live births, while the infant mortality rate (IMR) was over 100 and the under-five mortality rate (U5MR) was more than 160 per 1,000 live births (figure 4). Child and maternal mortality rates, as measured by the VRS, declined sharply between 1930 and 1950, after which they continued to fall, although at a slower rate.

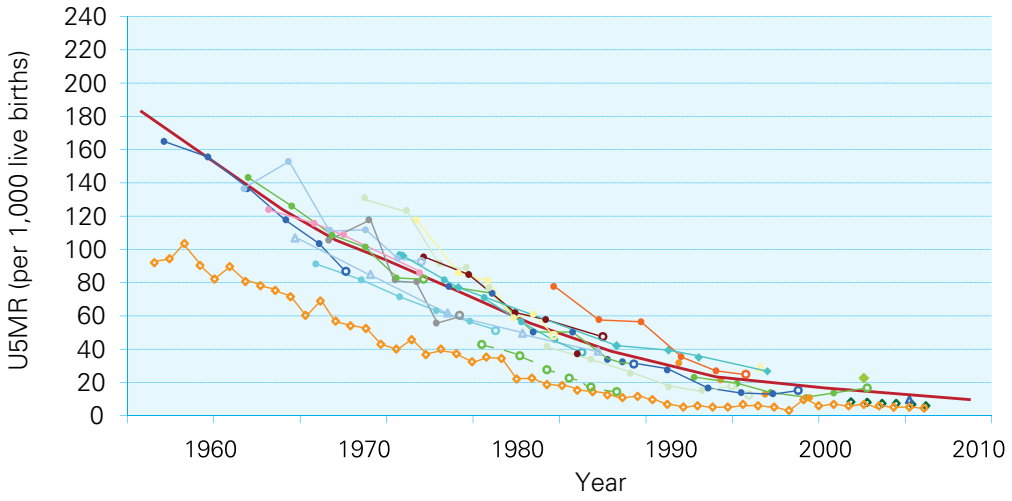
**Figure 4: IMR, U5MR and MMR from VRS and public health statistics, 1937–2006**




Thailand began to undertake inter-censal Surveys of Population Change in the mid-1960s, specifically to estimate mortality trends to verify the declines measured by the VRS. The estimates of U5MR from each survey indicated substantially higher levels than the VRS for comparable periods. Other surveys conducted during 1970-2000 confirmed higher child mortality estimates than the VRS data (figure 5). Using the trend line from these surveys, the projected values of U5MR was 12.4 per 1,000 live births for 2010. This is very close to 14 per 1,000 live births estimated by the Inter-agency Group for Child Mortality Estimation for 2010. It is clear that the overall level of U5MR in Thailand has declined steadily and substantially over recent years.

## Figure 5: Decline in Under-five Mortality Rate

Analysis of the MICS 2005–2006 data (Table 5) shows the disparities in IMR and U5MR in Thailand, according to the mother's education, level of wealth and language.




- Multiple Indicator Cluster Survey Indirect (5 year) 2005
- Survey of Population Change 2005-06 Indirect (5 year) 2005
- Survey of Population Change 2005-06 Direct (5 year) 2005
- Life Table in 2002 by Hill Single year 2002
- Census Indirect (5 year) 2000
- Contraceptive Prevalence Survey Indirect (5 year) 1996
- Life Table by Hill 1990-2000 Intercensal Death Single year 1995
- Survey of Population Change Indirect (5 year) 1995
- Survey of Population Change Direct (5 year) 1995
- Census Indirect (5 year) 1990
- Survey of Population Change Indirect (5 year) 1989
- Survey of Population Change Direct (5 year) 1989
- Demographic and Health Survey Indirect (5 year) 1987
- Demographic and Health Survey Direct (5 year) 1987
- Survey of Population Change 1985-86 Indirect (5 year) 1985
- Life Table by Hill 1980-1990 Intercensal Death Single year 1985
- Survey of Population Change 1985-86 Direct (5 year) 1985
- Contraceptive Prevalence Survey Indirect (5 year) 1984
- Contraceptive Prevalence Survey Indirect (5 year) 1981
- Census Indirect (5 year) 1980

## Table 5: IMR and U5MR by background characteristics

| Background variable | | IMR | U5MR |
|---|---|---|---|
| Sex | Male | 8 | 9 |
| | Female | 12 | 13 |
| Region | Central (including Bangkok) | 10 | 11 |
| | North | 14 | 16 |
| | North-East | 11 | 12 |
| | South | 13 | 15 |
| Area | Urban | 10 | 12 |
| | Rural | 12 | 13 |
| Mother's education | None | 40 | 52 |
| | Primary | 13 | 15 |
| | Secondary+ | 7 | 7 |
| Wealth index quintiles | Lowest three quintiles | 14 | 16 |
| | Top two quintiles | 4 | 5 |
| Language | Thai | 10 | 11 |
| | Other languages | 23 | 28 |
| Total | | 11 | 13 |

Source: MICS 2005–2006

A study using census data to analyse inequalities in child mortality in Thailand found that there is a greater incidence of child mortality among the poor than the rich.[38] The researchers estimated the U5MR among the poorest quintile as 23 per 1,000 live births, compared with 13 per 1,000 live births in the richest quintile – a ratio of 1.8. The study also showed that efforts to reduce disparities were succeeding. As the level of child mortality has decreased over time, so has its difference between the richest and the poorest sectors of the population. The excess child mortality risk between the poorest and richest income quintiles more than halved from 1990 to 2000. A similar study using data from the 2000 census compared differences in child mortality between the general population and Thailand's hill tribes.[39] The findings indicated that U5MR in the hill tribes was 34 per 1,000 live births, compared with 14 per 1,000 in the general population.

According to the World Health Organization (WHO), the main sources of U5MR in Thailand are neonatal causes (46 per cent), diarrhoeal disease (16 per cent), pneumonia (11 per cent), AIDS (6 per cent) and injuries (5 per cent). The causes of perinatal mortality are late pregnancy inter-uterine death (39 per cent), congenital malformation (14 per cent), birth asphyxia (14 per cent) and prematurity (10 per cent).[40] During the first month of life, most child deaths are related to pregnancy, childbirth or congenital diseases, after which such causes as diarrhoeal disease, pneumonia, AIDS and injuries (especially drowning) become more prominent.[41]

38 Vapattanawong, P. et al. 'Reductions in Child Mortality Levels and Inequalities in Thailand: Analysis of Two Censuses', The Lancet, Vol. 369, pp.850-855.

39 Sasiwongsaroj, K., et al. 'Child Mortality Inequality between Thais and Hill tribes in Thailand: Study from Population and Housing Census 2000', Journal of Population and Social Studies, Vol. 16(2), pp.143 – 164.

40 Mortality Country Fact Sheet – Thailand, World Health Organization, 2006.

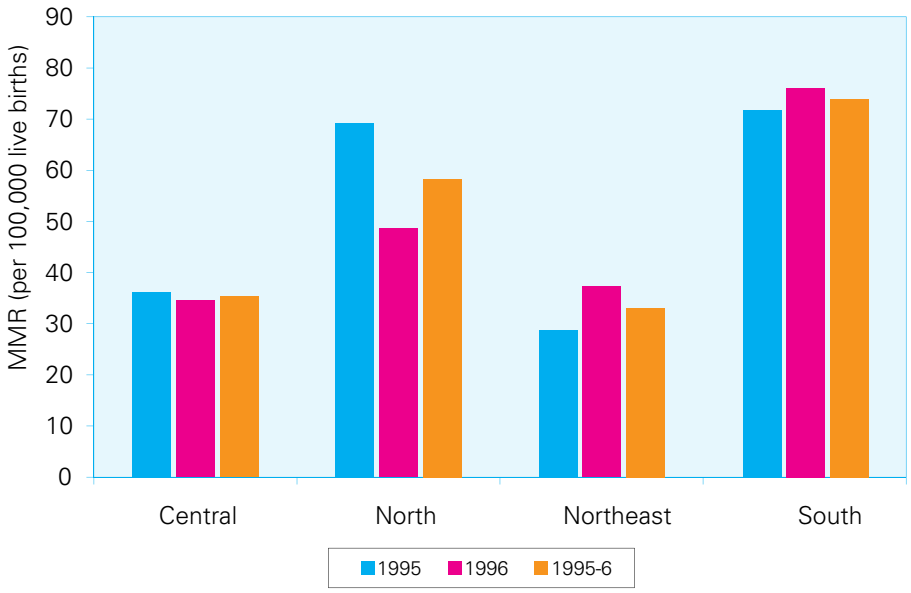
41 Child Injury in Thailand, The Alliance for Safe Children, 2005.

## *Maternal mortality*

There are divergent views on the level of MMR in Thailand, partly due to the inherent difficulty in measuring and estimating this indicator. The maternal mortality rate fell below 100 per 100,000 live births in the early 1980s, according to data from the VRS; by the end of that decade, it had declined to 25 per 100,000 live births. However, the United Nations estimated MMR in Thailand at 200 per 100,000 live births in 1990, 110 per 100,000 live births in 2005,[42] and 48 per 100,000 live births in 2010.[43] The Ministry of Public Health (MOPH) developed a Reproductive Age Mortality Survey (RAMOS) study to retrospectively collect maternal deaths in 12 representative districts of 12 provinces. The study found that the national MMR level in 1995 and 1996 was 44.3 and 43.9 per 100,000 live births, respectively.[44] These rates were approximately twice as high as rates reported by the Government's Safe Motherhood Programme. In 1998, the RAMOS findings revealed an estimated MMR at 36.4 per 100,000 live births. In 2007, a study by the Thailand Development Research Institute to estimate MMR using multiple sources (birth and death registrations and all inpatient records in public hospitals)[45] showed the MMR for 2004, 2005 and 2006 at 44.5, 37.4 and 41.6 per 100,000 births, respectively. The MMR estimates from this study, the Government's RAMOS and United Nations estimates are now more closely aligned.

In 1998, the Ministry of Public Health published estimates of MMR in 1995–1996, using the RAMOS findings. These indicated that the highest MMR was in the South, followed by the North, Central and North-East (figure 6). The MMR in the South was approximately twice the rate of what was found in Central and North-East Thailand. The subnational estimates of MMR have not been updated. Although the regional rates of MMR may have declined in line with the reduction in the national figure, whether differences between regions persist merits investigation.

**Figure 6: Estimates of MMR by region**




42 Maternal Mortality in 2005, WHO, UNICEF, UNFPA and the World Bank, 2007.

43 Trends in Maternal Mortality 1990 to 2008, WHO, UNICEF, UNFPA and the World Bank, 2010.

44 Kanchana, S., et al., Maternal Mortality in Thailand 1995-1996, Ministry of Public Health (in Thai), 1998.

45 Chandoevwit, W., et al. 'Using Multiples Data for Calculating the Maternal Mortality Ratio in Thailand', TDRI Quarterly Review, 22(3), pp.13-19, 2007.

The leading causes of maternal deaths are intra- and post-partum haemorrhage, sepsis and embolism, indirect causes (such as HIV or malaria) and unsafe abortion. Almost all (99.5 per cent) deliveries are attended by trained health staff.[46] In the South, where the MMR is the highest in the country, overall emergency obstetric care meets international guidelines and the majority of births are also attended by trained health staff. However, compared with national rates and the rates in other provinces, a larger proportion of births in the South take place at home, attended by a traditional birth attendant.[47] In these births, there are still problems of delays in accessing necessary medical care during obstetric emergencies.[48]

There has been only limited research into the reasons for higher levels of home delivery among Muslim families in the South of Thailand. Reasons that have been suggested are the travel and other associated costs for poor families to give birth in hospital. Security concerns due to the ongoing conflict in the South may also limit travel to hospitals when obstetric emergencies occur during home deliveries at night. Some studies also suggest cultural barriers due to the fact that most personnel in hospitals come from the Buddhist population, inhibiting take-up of obstetric services by Muslim women and reliance on untrained traditional birth attendants.

The remote location of hill tribe families in the northern border provinces also present cost barriers for those who seek hospital deliveries and is a handicap in reaching assistance during obstetric emergencies.

The illegal and unsafe abortions associated with teenage pregnancy are also thought to contribute to maternal mortality. Abortion is not condoned in the Buddhist religion, and it is illegal in Thailand, except in special circumstances such as when the pregnancy is the result of rape or the life of the mother is in danger. The increasing rates of teenage pregnancy and associated unsafe abortions are related to changes in traditional social structures and greater sexual experimentation among young people.[49] In the absence of counselling programmes for teenagers and only limited sexuality and life skills education programmes for young people, early sexual initiation can lead to unwanted pregnancy and unsafe abortion.

## *Early childhood care and development*

The early childhood period sets the foundations for life. It is a highly sensitive developmental phase, marked by rapid transformation in an individual's physical, cognitive, social and emotional growth. Deprivation in care or poor treatment are particularly damaging to young children, with repercussions that can last into adulthood. Recent research confirms that the first five years are particularly important for the development of a child's brain, and the first three years are the most critical in shaping brain architecture.[50] It is crucial that parents and caregivers understand the stages of child development to know which milestones to expect and how to best nurture the child's growth.

The provision of early childhood care services are an important contribution to realizing the development rights of children enshrined in the Convention on the Rights of the Child. According to the Office of the Education Council, there are almost 6 million children aged between birth and 5 years in Thailand, about half of whom are younger than 3 years. An estimated 13.2 per cent of them receive inadequate care, either because they are alone during the day or are taken care of by other children. The study indicated that inadequate care for children is more prevalent in municipal households (14.5 per cent) than in non-municipal areas (10 per cent), and higher among children aged 2–5 years (15.7 per cent) than those younger than 23 months (9.4 per cent).

46 Key Findings: 2009 Reproductive Health Survey, National Statistical Office, 2010.

47 Sudarat, T., 'Determinants of Utilization of Maternal and Child Health Services among Muslims in a Southern Border Province of Thailand', Journal of Population and Social Studies, Vol. 11, No.1, 2002.

48 Tippawan, L., et al., 'Emergency Obstetric Care in the Southernmost Provinces of Thailand', International Journal for Quality in Health Care, 2007.

49 National Sexual Behaviour Survey, Mahidol University, 2006.

50 Facts for Life, UNICEF, 2010.

Exposure to a home environment that includes books and play things during the early years is important for cognitive development. The MICS 2005–2006 survey found that only 42.6 per cent of children aged 0–59 months had access to three or more children's books. Children in municipal areas appeared to have more access to books than those living in non-municipal households (55.5 per cent and 37.5 per cent, respectively).

In terms of formal early childhood development, Thailand has about 20,000 early childhood development centres, either provided by local government or the private sector. The MICS 2005–2006 reported that 61 per cent of girls and 60 per cent of boys aged 3–5 years old attended such pre-schools. According to Education for All 2010 monitoring findings, pre-school attendance has significantly improved for both girls and boys, to 74 per cent and 72 per cent, respectively.[51] However, a review by the Office for National Education Standards and Quality Assurance found that nearly 20 per cent (2,546) of early childhood development centres were not of satisfactory quality.

In 2008, a National Committee on Early Childhood Development was established to coordinate policy, planning, budgeting and monitoring of early childhood development issues. It also coordinates with agencies responsible for children and youth programmes to implement its ten-year action plan up to 2016.[52]

## *Health and nutrition*

### *Immunization*

The MICS 2005–2006 indicated that about 83 per cent of children received all recommended immunizations against five vaccine-preventable diseases (tuberculosis, polio, diphtheria, pertussis, tetanus and measles) within their first year of birth.[53] The proportion of pregnant women receiving all four standard check-ups during pregnancy was 80 per cent in 2009.[54] Access to regular and appropriate antenatal care also means that pregnant women receive the necessary immunizations and take preventive action for possible risk of infections or complications.

### *Birth weight and malnutrition*

Thailand has been successful over the past 20 years in reducing the number and proportion of children who are underweight. The average weight and height of children has also increased, indicating an overall improvement in their nutritional status. However, challenges still remain in the situation of newborns with low birth weight (less than 2,500 grams). According to data from the Bureau of Health Policy and Strategy (Ministry of Public Health), the figure was 11.2 per cent in 2005 and 11.4 per cent in 2009.[55] The MICS 2005–2006 also indicated a similar percentage of infants with low birth weight: 8.9 per cent in the central region, including Bangkok; 9.1 per cent in the North; 9.5 per cent in the North-East; and 9.3 per cent in the South. According to provincial data from the Ministry of Public Health, the situation in some border provinces, such as Tak and Mae Hong Son, remains of particular concern. Low birth weight rates in these two provinces in 2006 were 20.36 per cent and 16.2 per cent, respectively.[56]

51 Child and Youth Survey, National Statistical Office, 2008.

52 Long-Term Policy and Strategy for Early Childhood Care and Development (0-5 Age Group) 2007-2016, Office of Education Council, Ministry of Education, 2008.

53 Op. cit. National Statistical Office and UNICEF, 2006.

54 Key Findings: 2009 Reproductive Health Survey, National Statistical Office, 2010.

55 Bureau of Health Policy and Strategy, Ministry of Public Health, http://bps.ops.moph.go.th/Healthinformation/สถิติ52/index.htm

56 Gender Development: Similarities and Differences, Thammada Press, 2008.

The nutritional status of children younger than 5 years has improved, as measured by the National Food and Nutrition Surveys 1995 to 2003, but progress has not been consistent. The MICS 2005–2006 indicated that 9.3 per cent of children aged younger than 5 years were moderately underweight; 11.9 per cent were moderately stunted (too short for age); 0.4 per cent were classified as severely underweight; and 1.9 per cent were severely stunted. Children in the southern region are more underweight (12.5 per cent) and stunted (18.3 per cent) than children in other regions.

An estimated 300,000 unintended pregnancies occur each year.[57] It is thus likely that there is an increasing number of young mothers who are not ready or who do not have enough knowledge to care for their young children. Many caretakers are also inadequately trained or are elderly and do not have the capacity to care for young children appropriately. The Emergency Home of the Association for the Promotion of the Status of Women reported that among the pregnant women who had sought assistance each year, about 90 per cent of their pregnancies were unplanned. Pregnancy out of wedlock is generally stigmatized in Thailand. This can result in a delay in receiving appropriate antenatal care and the subsequent low birth weight of babies born out of wedlock.

### *Obesity*

According to the MICS 2005–2006, 6.9 per cent of children younger than 5 years were overweight. The central region, including Bangkok, had the highest rate of overweight children (10.8 per cent), followed by the southern region (8.3 per cent); the northeast region had the lowest percentage of overweight children (4.6 per cent). A higher percentage of children from the richest quintile of households were overweight (11.3 per cent), compared with children in the poorest households (3 per cent).[58] There was little difference in the proportion of boys and girls who were overweight (7 per cent versus 6.7 per cent). The rising trend in obesity among children has drawn increasing attention in recent years. Contributing factors identified include changing eating habits towards unhealthy diets and less active lifestyles.

### *Breastfeeding*

Exclusive breastfeeding, defined as feeding only breast milk for the first six months of life, has a highly positive impact on reducing infant and child mortality from preventable diseases as well as on child development. Article 24 of the Convention on the Rights of the Child obliges state parties to ensure that all sectors of society are aware of the positive benefits of breastfeeding. In Thailand, however, measures towards fulfilling this responsibility have had only limited success so far. The proportion of children who are exclusively breastfed for six months is only 5.4 per cent. This is one of the lowest rates of exclusive breastfeeding in the world. In Bangkok, the rate is even lower – less than 2 per cent. A significant proportion of babies (16 per cent in 2009) are not breastfed at all.[59] A third of mothers cite working outside the home as the reason why they do not breastfeed, which suggests a lack of suitable facilities for breastfeeding.

Women may not have a full understanding of the benefits gained from breastfeeding. Gender stereotypes in which women have to be seen as beautiful may have some influence on the decision of the mother not to breastfeed. Companies advertising and selling infant formula in Thailand are not complying with the International Code of Marketing of Breast-Milk Substitutes. Thailand has some of the most egregious violations of the Code, according to a 2003–2004 assessment.[60] In addition, few health facilities or places of work actively promote and support breastfeeding for mothers.

57 Women's Health Promotion Foundation, 2009.

58 National Statistical Office and UNICEF, 2006, op. cit.

59 Findings: 2009 Reproductive Health Survey, National Statistical Office, 2010.

60 Breaking the Rules Stretching the Rules 2004: Evidence of Violations of the International Code of Marketing of Breastmilk Substitutes and Subsequent Relations, International Baby Food Action Network, 2004.

### *Iodine deficiency disorders*

Iodine deficiency is the single most common cause of preventable mental impairment and brain damage in the world. Results from the MICS 2005–2006 indicated that only 58 per cent of households in Thailand consumed salt containing iodine. In the North-East, where the largest number and proportion of the country's children live, the rate is particularly low, at 35 per cent. The survey also found that urban households were more likely to consume iodized salt than those in rural areas (63 per cent versus 55 per cent), as were households in the richest quintile than those in the poorest quintile (75 per cent versus 42 per cent).[61]

A study in 2001 on the intelligence quotient (IQ) of children in Thailand found that the level for the age groups 6–12 years and 13–18 years was 88.1 and 86.7 IQ points, respectively. This is lower than the 90–110 points internationally considered as a standard level. The results of a study in 1996–1997 found an IQ level of 91.9 in children aged 6–12 years. Although differences in testing methods may have contributed to the different results, the research team did note that iodine deficiency may have contributed to the lower IQ scores.[62]

## Education

There has been substantial progress in realizing children's rights to an education in Thailand. The extension of the compulsory education policy to nine years, which came into effect in 2002, has brought a significant increase in secondary school enrolment. However, not all children are in school. The net enrolment rate of 90 per cent at the primary level in 2008 indicated that at least 10 per cent of children aged 6–11 years were not in school or studying at the age-appropriate level (Table 6).[63] The 2009 Education for All Global Monitoring report noted a female to male gender parity index (GPI) in net primary enrolment of 0.99, indicating that it is effectively the same for females and males.[64] The secondary and tertiary GPI was 1.11 and 1.07 respectively, indicating that enrolment of females outnumbers males at these higher levels of education.

**Table 6: Participation in education at different levels**

| Level | 1999 | | 2008 | | | | Gender parity index (for NER) F:M |
|---|---|---|---|---|---|---|---|
| | Gross enrollment rate | | Gross enrollment rate | | Net enrollment rate | | |
| | M | F | M | F | M | F | |
| Pre-primary (3–5 years) | 87 | 87 | 92 | 93 | 80 | 80 | 1.01 |
| Primary (6–11 years) | 95 | 93 | 92 | 90 | 91 | 89 | 0.99 |
| Lower secondary (12–14 years) | n/a | n/a | 90 | 91 | – | – | – |
| Upper secondary (15–17 years) | n/a | n/a | 56 | 67 | 68* | 77* | 1.13* |
| Tertiary | 32 | 36 | 40 | 49 | n/a | n/a | – |

*These figures are for the total secondary school net enrolment rate (NER) and gender parity index in 2008

Source: UNESCO,EFA Global Monitoring Report, 2011

61 National Statistical Office and UNICEF, 2006, op. cit.

62 Final Report of the SQ and EQ Status of Thai Children, Ramjiti Institute and Rajanukul Institute, n.d.

63 The Hidden Crisis, Armed Conflict and Education, EFA Global Monitoring Report, UNESCO, 2011.

64 Overcoming Inequality: Why Governance Matters, EFA Global Monitoring Report, UNESCO, 2009.

Inequity in education can be observed in both quantity and quality. Thailand is one of the 15 countries in the world that together account for more than half of the world's out-of-school primary school age children.[65] Analysis of data from the MICS 2005-2006 and the National Children and Youth Survey conducted by the NSO in 2008 shows that around half of the out-of-school primary school age population is due to children enrolling at too late an age.[66]

A number of challenges remain in fulfilling Thailand's commitment to the Education for All goals, including ensuring that all enrolled children complete their basic education, guaranteeing access to schooling for children of minority groups and raising the quality of teaching and learning outcomes. Although primary education gross enrolment rates are over 100 per cent, completion rates lag behind. Thailand's Educational Statistic Reports indicate that the retention rate to grade 5 increased from 82.7 per cent in 1996 to 90.8 per cent in 2002.[67] The reported drop-out rate in 2008 was very low at 0.98 per cent for the primary level, 2.44 per cent for lower secondary level and 1.90 per cent for upper secondary level.[68] Thus school dropout is highly concentrated at the lower secondary level. However, according to the MICS 2005–2006, the net primary school completion rate was only 86.1 per cent for boys and 87.6 per cent for girls. The MICS 2005–2006 also indicated regional disparities with the southern region having the lowest net primary school completion rate at 79.5 per cent compared with the central region rate of 84.5 per cent. The survey also revealed that mothers' completion of secondary level education increases the net primary school completion rate of their children to 90.5 per cent, while for children whose mothers had no education it was 56.4 per cent.[69]

A joint study by Thammasat and Leuven Universities discussed some of the reasons relating to access and retention of students, including economic, social and legal factors.[70] One reason given for female dropout is that teenage girls who become pregnant quit school due to social pressure but there is no data on the scale of this phenomenon. A focused and updated study with sex disaggregated data on education completion and retention rates is needed to give a clearer picture of causes and possible remedies.

There is only limited information, including a lack of sex disaggregated data, regarding the profile of children who are unable to access or complete their education. Analysis of the gap in net enrolment in primary and secondary schools suggests that children from ethnic minorities, children of cross-border migrants and children living in difficult circumstances are more affected. A recent study carried out by the Thai Education Watch Network indicated that among the disadvantaged groups surveyed, about 15 per cent of the children and adults interviewed had not had any form of education, while 51 per cent had only a primary education.[71] These figures are very much below the national average.

To address the issue of ensuring inclusive education, the Government in July 2005 endorsed recommendations by the Office of the Education Council for the expansion of educational opportunities to marginalized children, including stateless and non-Thai citizens. Presentation of a birth certificate is no longer required for stateless and migrant children to enrol. Furthermore, the Government allocates a per-capita budget to schools or other institutions providing education to stateless and non-Thai children from

65 Reaching the Marginalized, EFA Global Monitoring Report, UNESCO, 2010.

66 National Statistical Office, 2007, op. cit.

67 Thailand Educational Statistic Report 2009, Ministry of Education.

68 Table on Drop-out Statistics, Office of Basic Education Commission, http://www2.bopp-obec.info/info_52/ta4.pdf

69 National Statistical Office, 2007, op. cit.

70 Ides Nicaise, et al., School Dropout in Thailand: Causes and Remedies, University of Leuven, 2000.

71 Report on the survey of education situation among the seven marginalized groups including cases of homeless children, indigenous/ethnic minority children, displaced children, children from urban slums, migrant children, rural children and children in conflict area – three southern provinces, Thai Education Watch Network, (forthcoming).

pre-primary to upper secondary levels at the same rate as that for Thai children.[72] Despite this provision, in practice some migrant children still do not enrol in state schools. An International Labour Organization report in 2006, for example, indicated that a large number of migrant children working in fishing and other industries in Thailand did not receive an education.[73]

Thailand's education data indicate that there is gender parity at the primary level, and higher female enrolment at the secondary and tertiary levels. These figures do not always reflect the different socialization given to boys and girls at home and at school, which contributes to gender inequalities that may only become apparent at a later stage in life. Gender differences remain pronounced in terms of the chosen field of study at the university level and careers that women enter. For example, the female-to-male enrolment ratio in the fields of engineering, architecture, mathematics and computer sciences in tertiary education have remained low.[74] This situation may reinforce gender stereotyping in a society marked by different perceptions of the abilities of the sexes.

Research conducted as part of the Child Friendly Schools Initiative by the Ministry of Education with support from UNICEF found evidence of gender assignment of appropriate student behaviours and subject choice at schools. Both students and teachers seem to hold stereotyped notions of male and female behaviour. The research also found that school practices, routines and rituals further reinforce these stereotypes. Data from the same study showed that girls spent considerably more time outside of school in domestic activities, particularly helping with the care of siblings, cooking and cleaning. These activities were primary reasons cited for girls' tardiness, absence and dropping out of school. In contrast, the reasons boys were late or missed school were oversleeping and being with their friends. While these gender stereotypes are not as strong as in the past, they still influence the choices and opportunities for boys and girls.

In addition, gender stereotypes were found to be reinforced through educational materials. In July 2007, the Ministry of Education with support from UNICEF, conducted a review of gender bias in student textbooks. A total of 1,118 textbooks from primary through secondary school levels, and 142 other books intended for pre-school children and those in grades 4 and 5 were reviewed. The findings were consistent with those from studies carried out elsewhere: boys appear more often in teaching materials than girls; boys are more active while girls are more passive; boys engage in more noble activities while girls engage in supportive roles; boys are depicted as leaders whereas girls are usually followers.

The quality of education remains a major concern in Thailand, despite the fact that the country commits a large portion of its fiscal budget to basic education. In 2009, 11.5 per cent of the national budget was allocated to the Office of the Basic Education Commission.[75] The results of an external assessment of 15,515 schools conducted in 2006–2007 by the Office of National Education Standards and Quality Assurance showed that 3,247 schools (around 21 per cent) fell below a satisfactory level.[76] Results from the national achievement tests in recent years also produced low results in major subjects both at the primary and secondary levels. In the 2007 academic year, the average scores for grade 6 students in four subjects (Thai, English, mathematics and science) were below 50 per cent. The average scores for grade 12 students who sat the test were also below 50 per cent in the four core subjects of English, mathematics, science and social science.[77]

72 Education Provision for Alien Children and those without Thai Citizenship in Thailand, Office of the National Education Council, 2007.

73 The Mekong Challenge: Underpaid, Overworked and Overlooked. The realities of young migrant workers in Thailand (Vol. 2), ILO, 2006.

74 Gender Development: Similarities and Differences, op. cit.

75 Thailand's Budget in Brief Fiscal Year 2009, Bureau of the Budget, 2009.

76 Annual Report, Office of National Education Standards and Quality Assurance, 2008.

77 Social Outlook First Quarter, National Economic and Social Development Board, 2008.

Comparative achievement between boys and girls is available from the Ordinary National Education Test results of eight subjects at the upper secondary school level. In 2007, girls obtained higher average scores in Thai, arts and English while boys did slightly better in mathematics. In social studies, sciences and physical education there was no distinct difference.[78] There were clear disparities in the education outcomes between schools in Bangkok and the rest of the country. In 2003, results from the national achievement tests for grades 6 and 9 (and for grade 12 in 2005) indicated that more students from Bangkok and the greater Bangkok area did 'well' (scoring above the national average) than those in other parts of the country. For grades 6 and 9, the average percentage of students in Bangkok and the greater Bangkok area who did 'well' in the test was 22.15 per cent while in the southern region the figure was 12.88 per cent (the lowest in the country). The trend was similar among grade 12 students. In all three levels of the national achievement tests, the three southernmost provinces had the lowest average percentages of students who did 'well', with 6.98 per cent for grades 6 and 9, and 1.34 per cent for grade 12. The results of the national achievement tests also indicated disparities between schools within the same region, with Bangkok having the lowest gaps between its schools and the North-East region having the highest gaps.[79]

The Programme for International Student Assessment (PISA) indicates under-performance by 15-year old students in Thailand during the past decade, their results only slowly converging to the average level in OECD countries and comparator countries such as Korea and Singapore.[80] The Trends in International Math Science Studies (TIMSS) exams given to fourth and eighth grade students illustrate similar patterns. For eighth graders, math scores on the TIMSS fell in Thailand from 467 in 1999 to 441 in 2007 while science scores declined from 482 to 471.

The lack of improvements in student performance contrasts with Thailand's public expenditure on education, which increased by 50 per cent in real terms during 2000-2009, reaching 4 per cent of GDP.[81] The low achievement of students in basic education could be a result of many factors, including ineffective teaching and learning practices as well as the numbers and quality of the teaching workforce. The significant level of national expenditure on education raises questions about why large numbers of students graduate from school with poor academic results.

## *Children with disabilities*

Thailand's definition of a person with disabilities is "… an individual who is limited by function and/or ability to conduct activities in daily living and to participate in society through methods used by persons without disabilities due to visual, hearing, mobility, communication, psychological, emotional, behavioural, intellectual or learning impairment and has special needs in order to live and participate in society as to others".[82]

According to the 2007 Disability Survey Report, the number of persons with disabilities accounted for 2.9 per cent (about 1.87 million) of the total population in Thailand. A slightly higher percentage of women had disabilities compared with men (3 per cent versus 2.7 per cent). There were an estimated 90,065 children and young people aged 0–19 with disabilities, accounting for 0.45 per cent of the child population.[83] The MICS 2005–2006 indicated that 14.6 per cent of children aged 2–9 years in Thailand screened positively on its measure for disability.[84]

78 National Institute of Education Testing Service, 2007.

79 Assessment Report on Opportunity and Quality of Education for Thai People (Table 53 and 54), Office of the Education Council, 2007.

80 Kevin Macdonald, et al., Learning Outcomes in Thailand: What Can We Learn from International Assessments? World Bank, 2011.

81 Implementing the 11th National Economic and Social Development Plan: Skills for Ideas-Led Growth with Equity (draft note), World Bank, 2011

82 Ministerial Regulation No 1, 1991.

83 The Disability Survey, National Statistical Office, 2007, http://service.nso.go.th/nso/nsopublish/service/survey/disabilityRep_50.pdf.

84 The Ten Questions (TQ) screen for child disability was developed in 1984 and has recently been cited as the most commonly used measure of child disability in developing countries.

In terms of legal protection, the Constitution of Thailand stipulates that persons with disabilities shall not be discriminated against and shall enjoy equal rights. They are also entitled to public services, welfare and other assistance from the Government to improve their quality of life (Articles 30, 55 and 80). Access to health care and education are the two most important areas for children with disabilities. The 2007 Disability Survey indicated that 97 per cent of persons with disabilities were covered under some form of government health care scheme, with 90.4 per cent under the Universal Health Care Scheme.[85]

The National Education Act stipulates that persons with disabilities also have the right to access education facilities, services and assistance. However, according to the 2007 Disability Survey Report, 24.3 per cent of persons with disabilities aged 5 years and older had not received an education, while about 60 per cent had only pre-primary education. The report on the Assessment of Education Opportunity and Quality for Children in Thailand indicated that 29.1 per cent of children aged 6–11 with a disability were enrolled in primary education, and only 11 per cent of children aged 12–17 with a disability were enrolled in secondary education.[86]

## 2. Gender equality

Thailand ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1985 and is a signatory to the Beijing Platform of Action. The country has made significant efforts to address gender discrimination and promote women's rights. The long-term National Women's Development Plan (1992–2011) and the subsequent series of five-year Women's Development Plans have provided a framework for advancing the situation of women. During the past five years, progress has been made to amend laws on the rights of women with respect to equality in the family and to enact laws to assist victims of domestic violence. However, gaps in wages, political representation and leadership indicate continuing discrimination against women in many areas of life.

### *Women in economic life*

Participation of women in economic development has been significant. Women constituted 45.9 per cent of the labour force in 2008 (17.6 million of 38.3 million).[87] Since the 1997 economic crisis, women have filled an increasing role in the expansion of small to medium enterprises and the local economy. Over the past ten years, the wage gap between male and female employees in the formal economy has reduced. The female-to-male average income ratio for salaried employment in the non-agricultural sector reached 0.92 in 2007, with women in the southern region having the lowest average female-to-male income ratio, at 0.85.[88] However, government statistics in 2005 indicated that 64.7 per cent of women were working as unpaid family helpers.[89] Moreover, there were large numbers of women who worked in the informal economy, particularly as domestic help and as subcontracted or home-based workers. Informal economy workers are not entitled to social security or welfare benefits. In terms of access to economic and other productive resources, there is largely no discrimination in the law: men and women have equal rights to inheritance, in land holding and also access to formal and informal financial resources.

85 National Statistical Office, 2007, op. cit.

86 สำนักเลขาธิการสภาการศึกษา กระทรวงศึกษาธิการ รายงานผลการประเมินโอกาสและคุณภาพทางการศึกษาของคนไทย (The Assessment of Opportunities and Quality of Thai Education, Office of the Education Council, Ministry of Education, 2007).

87 National Employment Status Survey, Third Quarter, National Statistical Office, 2008.

88 Gender Development: Similarities and Differences, op. cit.

89 Ibid.

## *Women in political and public life*

The gender responsiveness of development efforts may be limited when there are few women in decision-making positions. Encouraging greater representation of women in decision-making requires the enactment of support measures to help overcome the barriers that women face. In Thailand, there has been a decade of civil society advocacy for equal representation at the subdistrict level of government – but with little success. There is a continuing need for greater recognition of the potential and capacity for leadership of women in all areas of society.

The Government has made efforts to promote the advancement of women in political and public office within the framework of the Constitution and the Women's Development Plan. Although the proportion of women candidates in the general election in 2007 increased to 14.7 per cent from 10.8 per cent in 2005, only 11.7 per cent of elected officials were female – only a slight increase from 10.6 per cent in 2005. The figure is still far below the national target of 30 per cent. In 2006, the proportion of women elected or selected as senators for the 2007–2013 term improved somewhat, to 16 per cent compared with 10.5 per cent in the 2000–2006 term. At the local level, women could be expected to have better access to the political arena because there is no requirement to be a political party member, which is generally a constraint for them. Women are also actively involved in community affairs at the local level, where they make a significant contribution. However, at the local level, the average for elected female administrative officers was lower than that for the national level, at 11.3 per cent for local government executives (excluding the Bangkok Metropolitan Administration) and 4.6 per cent for village and subdistrict administration executives.[90]

Similarly, although there has been an increase in the number of women holding supervisory and executive positions in the civil service, to 23 per cent in 2005, the figure is still low.[91] The National Commission on Women's Affairs has requested the cabinet to consider increasing the appointment of women to national committees to be equal to that of men. Thus far, no affirmative action policy for women in the civil service or political office has been instituted.

## *Family life and legal status*

The family is the starting point for the formation of an individual's gender identity, gender stereotyping and gender coding. Although there have been noticeable changes in the roles of women in relation to economic, social and political development, in Thai society women are still mainly responsible for the well-being of the family. The perception that men should be the natural head of the family and the major income earner is prevalent. Gender relations within the family still reflect the dominant role of men, and in some situations this results in the abuse of women. There has been much progress in the past five years towards improving the legal status of women through amendments to discriminatory family law. Among the issues addressed were compensation claims on engagement, grounds for divorce and change of the family name, including the social title upon marriage. These amendments have helped change the perception of women's status in the family and in marriage and could eventually lead to lifting Thailand's reservation to Article 16 of CEDAW relating to family life and marriage.

There have been legal changes that have improved the situation of female offenders and their children. The death sentence for a pregnant woman who commits a serious crime is suspended, and then commuted to life imprisonment if her child reaches three years of age. Pregnant female inmates who deliver in prison, or who are already mothers, can also raise their child in prison until age 3 years. Child-supportive facilities are provided in prisons to ensure that these children thrive in their early formative years.

90 Ibid.

91 Report on Thailand Gender-Disaggregated Statistics, Ministry of Social Development and Human Security, 2008.

# Part III: Emerging issues in realizing rights

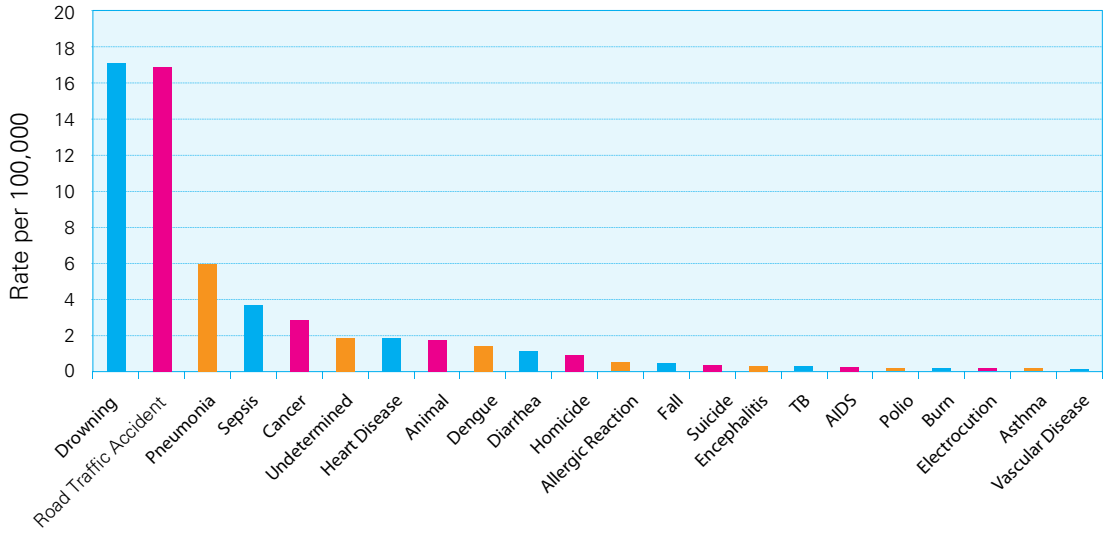
Despite progress in many areas, Thailand still faces many challenges in reducing disparities and ensuring equality in children's rights to survival, development and protection. Greater effort is needed to deal with these challenges while at the same time tackling new and emerging issues in children's and women's rights.

## 1. The right to life and survival

### *Child injury*

Thailand's investment in the provision of basic social services over the past 40 years has reduced infant deaths due to neonatal and infectious causes to the levels of OECD countries; today, injuries are the leading cause of mortality in children aged 1–17 years. The trend of increasing deaths due to injury, both in absolute numbers and as a proportion of all child deaths, has been observed for nearly two decades. According to the National Injury Survey of Thailand, injury accounts for around 64 per cent of all child deaths after the age of 1 year. It accounts for nearly 70 per cent of deaths of children aged 5–17 years.[92] This change reflects the epidemiological transition in child health in Thailand. Aspects of economic development, such as urbanization and greater availability of transportation, may also be associated with increased injury risk. The causes of injury-related deaths among different age groups are shown in figure 7.

**Figure 7: Leading causes of death in children age 1-17**




Source: The Alliance for Safe Children, 2006

92 Child Injury in Thailand, op. cit.

As injury currently accounts for the greatest proportion of mortality in children aged 1–17 years, a comprehensive national strategy focused on reducing these deaths should be a priority. An effective national injury prevention strategy will also reduce the burden of disability caused by non-fatal injuries, which affect 220,000 children every year. Prevention programmes need to be based on evidence of successful interventions and take into account differences in socio-economic and geographic contexts that increase risk of injury.

## *AIDS-related child mortality among vulnerable groups*

Thailand has taken considerable measures to halt and reverse the spread of the HIV epidemic and has met Millennium Development Goal 6 well before the 2015 target date. According to UNAIDS, by 2009 the national HIV prevalence in the adult population had reached 1.3 per cent, a decline from 1.8 per cent in 2004 and more than 2 per cent a decade earlier.[93]

Despite these achievements, Thailand continues to experience the highest number of HIV infections in South-East Asia and the second highest in Asia, after China, a country over 20 times its size in population. Among those living with HIV, approximately 16,000 are children.[94] While previous epidemiological trends indicated decreases in national HIV prevalence in men 18–24 years old, they plateaued in recent years before increasing, from 1.4 per 1,000 males in 2005 to 2.5 per 1,000 in 2009. HIV surveillance among antenatal care clinic clients has similarly levelled off, at rates of approximately 0.65 per cent, with no further decreases since 2005. There were an estimated 11,750 new HIV infections in Thailand in 2009, with an increasing incidence among adolescents.[95]

Actual numbers of people living with HIV have declined only slightly over time, from an estimated 562,000 in 2005 to 516,632 in 2009,[96] in large part as a result of Thailand's success in scaling up antiretroviral (ART) therapy for those infected. In addition to increased life expectancy for HIV-infected individuals, stubborn pockets of high HIV incidence also contribute to the overall HIV disease burden. While data are limited, it appears that a significant proportion of the most-at-risk population is young.

Access to treatment for HIV positive people in Thailand has increased. By the end of 2009, 216,118 people were on ART, up from 185,086 the previous year – a 17 per cent increase. ART coverage for all people (adults and children) has been estimated by the Ministry of Public Health at 76 per cent based on Thailand's antiretroviral therapy guidelines developed in 2007. The coverage rate drops to just 61 per cent based on the newest WHO treatment guidelines released in 2010 which call for earlier initiation of treatment. Thailand is currently in the process of considering implementing revised guidelines to put people with HIV on treatment earlier, which will result in a significant increase in their number as well as a subsequent corresponding increase in coverage.[97]

An estimated 9,450 children with HIV are receiving ART, corresponding to 85 per cent paediatric coverage. This coverage rate places Thailand in third among low- and middle-income countries globally, and the country has been identified as having reached the Universal Access to Treatment goals for children.[98]

93 Children and AIDS: Fifth Stocktaking Report, UNICEF, UNAIDS, WHO, UNFPA, UNESCO, 2010.

94 Preliminary data from UNAIDS estimates, UNAIDS/WHO, 2010.

95 National AIDS Management Committee, UNGASS Country Progress Report – Thailand, January 2008 – December 2009, June 2010, p. 16.

96 Ibid. p. 37.

97 Towards Universal Access: Scaling Up Priority Interventions in the Health Sector – Progress Report, UNAIDS, WHO, UNICEF, 2010.

98 Ibid.

However, taking care of children who are on ART is complex, and most community hospitals lack both paediatricians and HIV treatment expertise. The number of patients needing specialized care increasingly overburdens regional and tertiary care hospitals. Families living in reporting areas have difficulty bringing small children to a regional hospital every month, which can result in low adherence to their ART dosing.

In Chiang Rai, where about 80–100 children with HIV initiate ART each year, the provincial hospital and AIDS Access Foundation developed a model of community-based paediatric HIV care. The model uses home visits to children with HIV to identify difficulties that might adversely affect treatment. The challenges can include caregivers with limited capacity to keep children on their medications due to age or illiteracy; psychosocial problems among children and adolescents; and language barriers, cultural differences and documentation problems among children from minorities and hill tribes. Brainstorming with local public health workers generated strategies to overcome these difficulties and support adherence to treatment. The survival rate among the 222 children who started treatment between 2002 and 2004 at Chiang Rai provincial hospital rose to over 90 per cent. This success has led Chiang Rai province to believe it is an effective approach to paediatric HIV treatment and care: all community hospitals in the province have now adopted it, as have a further 12 provinces.[99]

Thanks to the success in increasing access to ART for children, many now live into adolescence, which brings new challenges associated with children's maintenance in care, adherence to treatment, disclosure and associated stigma, and navigating sexual relationships and reproductive health choices in the context of positive prevention. Clear models to address their specific requirements need to be developed.

The Nationwide Prevention of Mother-to-Child HIV Transmission (PMTCT) programme launched in 2000 includes voluntary testing for HIV for pregnant women attending antenatal clinics across the country and the provision of ART for seropositive pregnant women and their babies. According to Thailand's national report to the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS released in 2010, 95 per cent of pregnant women in 2009 received antenatal care. Of them, more than 99 per cent received HIV testing, and 95 per cent of pregnant women with HIV received ART to reduce the risk of mother-to-child transmission. This has resulted in a significant reduction in new HIV infections among babies. Reports from the Ministry of Public Health indicate that the HIV transmission rate from mother to child declined, from 6.4 per cent in 2001 to about 0.7 per cent in 2009. It is important to emphasize that among the approximately 5 per cent of pregnant women who did not receive antenatal care, HIV infection levels were almost five-fold higher (3.3 per cent in 2009).[100]

HIV remains a particular area of concern for non-Thai citizens, including migrants. Thailand remains a destination for migrants from neighbouring countries, many of whom enter work that makes them vulnerable (e.g. sex work, illicit drug selling, and street begging). They also have more limited access to HIV prevention, care or treatment services.[101] Rates of HIV infection among pregnant women are considerably higher in some provinces in the North and North-East, where there are large numbers of migrants, reaching approximately 3 per cent.[102]

The vulnerability of women in the spread of HIV is also significant. A culture of silence, and taboos relating to sexuality including the 'good woman syndrome', hinder access to knowledge and information on sex. Sexual double standards, in which male assertiveness is fully accepted but women are branded as unfaithful

99 UNGASS Country Progress Report: Thailand – January 2006-December 2007, National AIDS Prevention and Alleviation Committee, September 2008.

100 UNGASS Country Progress Report: Thailand – January 2008-December 2009, National AIDS Management Committee, June 2010.

101 Raks Thai Foundation interview, 2010, unpublished.

102 UNGASS Country Progress Report: Thailand – January 2008-December 2009, op. cit., June 2010.

or 'too forward', limits women's capacity to negotiate sexual relations. Women in marital or other long-term relationships also remain at risk. In 2010, an estimated two fifths (38 per cent) of new infections occurred between married couples or partners many of whom were wives or girlfriends of men who had purchased sex elsewhere.[103] In addition, HIV stigma is also greater for women than men who are seen to have violated social norms in terms of sexual conduct. Public awareness needs to be raised on the fact that the spread of HIV has strong gender dimensions.

Thailand has been recognized regionally and internationally for its HIV response, notably for its prevention efforts among commercial sex workers, scale-up of the PMTCT programme and access to ART for children and adults. Despite these successes, many challenges remain. Recent reports indicate, at best, a levelling off in decreases in HIV incidence in the general population, and some data show worrying increases in incidence in selected parts of the population, including among young people and most-at-risk populations.

# 2. The right to development

## *Adolescent health and development*

Young people in Thailand today are presented with many more challenges and opportunities in their transition to adulthood than earlier generations. Although typically in better health and having more access to education than their parents, changing social conditions tempt them to engage in risky behaviours such as smoking and drinking alcohol, drug abuse and unsafe sexual relationships. Such behaviours developed at an early age can have an immediate as well as a potentially long-term impact on the life, health and development of young people.

## *Alcohol, smoking and substance abuse*

According to a National Statistical Office survey, the percentage of young people aged 15–24 years consuming alcohol was relatively constant, at 21–23 per cent between 2001 and 2007.[104] Drinking alcohol increased with age: among children 11–15 years, it was 0.5 per cent but rose to 14 per cent among those aged 15–19 years, and 34.6 per cent for those aged 20–24 years. Alcohol consumption among male youth was 7–10 times higher than among females.[105] About 50 per cent of traffic accidents were due to alcohol consumption, and about 43 per cent of serious road traffic accidents occurred among young people, especially young males aged 15–24 years.[106]

Smoking is also a growing phenomenon among male youth. While 0.8 per cent of those aged 11–14 years smoked, according to National Statistical Office data, the proportion rose to 18.1 per cent and 45.1 per cent for the age groups of 15–19 years and 20–24 years, respectively. The habit was much rarer among young females, who also appeared to start at an older age: 0.2 per cent of females aged 15–20 years and 0.8 per cent of aged 20–24 years smoked.[107]

103 UNGASS Country Progress Report: Thailand – January 2008-December 2009, op. cit., June 2010, p.58.

104 National Statistical Office, http://service.nso.go.th/nso/nsopublish.service/survey/smokeExe_50.pdf (accessed on 22/12/08).

105 Gender Development: Similarities and Differences, op. cit.

106 Thailand Social Monitor on Youth: Development and the Next Generation, World Bank, 2008.

107 Gender Development: Similarities and Differences, op. cit.

Drug and substance abuse among adolescents and young people has also been on the rise. In 2004, 46.2 per cent of 15- to 19-year-olds abused drugs or substances, which increased to 50.3 per cent in 2006, according to National Statistical Office data. The average age of young people starting to use drugs for the first time slightly fell (from 20.5 years in 2004 to 19.6 years in 2006).[108] The percentage of juvenile crimes related to drug and substance abuse rose by 12.9 per cent year on year to the first quarter of 2007 and by 38.4 per cent in the first quarter of 2008.[109]

## *Reproductive health*

Another important health and developmental risk for young people in Thailand is unsafe sex at an early age. The 2007 National Behavioural Surveillance report by the Department of Epidemiological Control indicated that among grade 11 students (average age 16 years), the proportion of those with sexual experience increased from 11.1 per cent in 2000 to 24.1 per cent in 2007 for males and from 2.6 per cent to 14.7 per cent for females. The same report indicated that in 2007, 36.5 per cent of vocational school students (average age 17 years) had had sex.[110]

Although an increasing number of young people are having sexual intercourse, the use of condoms remains low in non-commercial sexual relationships.[111] Young people may not consider themselves at risk of a sexually transmitted infection (STI), including HIV, if their partner is a 'sweetheart'. However, in many cases the reality is that they are only practising serial monogamy as they change to a new partner when the previous relationship ends. The use of contraception among females also tends to be low. In 2006, only about 1.5 per cent of sexually active females aged 13–14 years used at least one means of contraception. The share increased with age: 51.1 per cent of females aged15–19 years and 43 per cent aged 20–24 years reported using contraception, with oral pills the most popular method.[112]

Increased sexual activity and low contraception use has resulted in rising numbers of teenage pregnancies and the associated health and other difficulties that young mothers experience. Data from 2008 from the Bureau of Health Policy and Strategy of the Ministry of Public Health indicate that 118,921 females younger than 19 years gave birth that year, of whom some 2,715 were younger than 15.[113] A Child Watch Project survey noted that unwanted pregnancies result in the abandonment of 700–800 infants every year.[114] In many cases, pregnant teenagers were forced to drop out of school, which severely restricts their future opportunities and life chances. Teenage fathers rarely endure any adverse consequences for their role. Unwanted pregnancy may also end with abortion. Termination of pregnancy is illegal in Thailand, and no national data is available on rates, however, a study of women seeking illegal abortions reported that 64 per cent were younger than 25 years.[115]

108 Social Indicators, National Statistical Office, 2007.

109 Social Report, First Quarter 2007, National Economic and Social Development Board, 2008.

110 สำนักระบาดวิทยา กรมควบคุมโรค กระทรวงสาธารณสุข, การเฝ้าระวังพฤติกรรมที่สัมพันธ์กับการติดเชื้อเอ็ชไอวี ประเทศไทย พ.ศ. 2551 (Study on HIV and AIDS Behaviour Surveillance Reporting Systems in Thailand, Department of Disease Control, Ministry of Public Health, 2008)

111 Ibid.

112 National Statistical Office (cited in World Bank's Social Monitor, 2008).

113 Health Information Unit, Bureau of Health Policy and Strategy, Ministry of Public Health, http://bps.ops.moph.go.th/HEALTH2.HTML.

114 Ramjiti Institute, 2006.

115 op. cit. World Bank, 2008.

# 3. The right to protection from violence, abuse and exploitation

## *Increased evidence of violence against women and children*

Violence against children and women constitutes a serious violation of their human rights. Article 19 of the Convention on the Rights of the Child defines violence as "…all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual violence." It may be actual or threatened. Most commonly it takes place in the home and family but is also present in schools, institutions, workplaces and communities.

Violence can have a profound and life-long impact on a child's social, emotional and cognitive development and lead to an increased chance of risky behaviour, such as substance abuse, and exposure to mental health and social problems. Violence transcends social and economic status and affects children and women from all walks of life. In recent years, Thailand has witnessed a steady increase in the reported number of cases of violence against children and women. This is partly a result of improvement in monitoring and information systems, particularly through the One-Stop Crisis Centres of the Ministry of Public Health, and a stronger legal framework. It is too early to say whether this represents a real increase in cases or improved monitoring and response systems along with heightened awareness of the problem.

Recent legislative reforms have strengthened the protection of children from violence. Perpetrators of violence against children can be brought to justice through several legal instruments, including the Criminal Code, the Child Protection Act (2003), the Domestic Violence Act (2007) and the amended Anti-Trafficking in Persons Act (2007), which extends protection from trafficking and related exploitation equally to girls and boys, women and men, and non-Thai people. The Crimes against Children, Juveniles and Women Suppression Division of the Royal Thai police specializes in investigating and responding to violence against women and children. However, there is only one unit and although it has national jurisdiction, it is based in Bangkok, which makes investigating cases in the provinces difficult. Its focus has tended to be on suppression and investigation of human trafficking cases, which is important but only part of the issue of violence against women and children.

Despite a relatively strong legal framework, in practice, only a limited number of cases of violence are reported, investigated and/or prosecuted. Enforcement of the legal framework remains weak, particularly at the community level. This is exacerbated by lack of resources for government services, in particular those of the Ministry of Social Development and Human Security, and the weak coordination between agencies that are meant to prevent, monitor and respond to cases.

According to a report by the Child Watch Project, approximately 3,825 children younger than 18 years were sexually abused in 2005; the figure rose to nearly 5,300 in 2006, representing a 36 per cent increase. This is consistent with the records from the One-Stop Crisis Centres.[116] The increase is also consistent with court records: the number of cases of sexual abuse of children younger than 15 years increased by 40 per cent during 2002–2006, from about 6,000 cases to more than 10,000 cases.[117] According to the data from the One-Stop Crisis Centres, 15,882 persons sought help during 2006, which works out to approximately 44 cases per day. There was a significant rise in 2007, with 19,068 cases reported, or 56 cases per day, representing 9,598 child victims of violence and abuse. Of cases involving children, 7,772 victims (81 per cent) were girls, and 6,020 cases involved sexual abuse. Perpetrators of violence against children and women were typically known to the victim and included boyfriends, friends or acquaintances (35 per cent), husbands (26 per cent), family members/relatives (14 per cent), parent (3 per cent) and others, such as teachers, employers and monks (15 per cent).[118]

116 Ramjiti Institute, 2006.

117 Gender Development: Similarities and Differences, op. cit.

118 Office of Women's Affairs and Family Development, Ministry of Social Development and Human Security, 2007; Institute of Population and Social research, Mahidol University and Thai Health Promotion Foundation, 2007.

Problems in enforcing laws against violence and abuse are compounded by a lack of coordination and accountability among the relevant actors. Under the Child Protection Act, the National and Provincial Child Protection Committees are responsible for monitoring services for abused children. However, due to limited resources at the local level, including social work capacity, the protection services rarely reach children at the community level. Moreover, there is a lack of clear accountability about the work of the committees, so the delivery of services is not guaranteed for all children. Service delivery depends mainly on the capacity of individuals working in the committees and on the capacity of the existing response services.

Apart from the formal structure of the committees, there have been efforts to establish multidisciplinary teams in each province; however, coordination to provide services depends largely on personal relationships.

### Table 7: Cases of violence and abuse against women and children, 2006–2007

| Year | Number of hospitals reporting | No. of abused children and women | No. of incidents per day |
|---|---|---|---|
| 2006 | 110 | 15,882 | 44/day |
| 2007 | 297 | 19,068<br>(9,598 child abuse cases:<br>1,826 boys and 7,772 girls;<br>6,020 sexual abuse cases and<br>2,666 physical abuse cases) | 52/day |

Source: One-Stop Crisis Centres, Ministry of Public Health

Violence in schools is not a new phenomenon, but it requires greater attention. Despite a Ministry of Education policy that bans corporal punishment in schools, participatory studies involving children show high rates of violence by both teachers and peers. A survey with 3,047 students and 1,300 teachers in schools across Thailand revealed that more than 60 per cent of teachers still believed that physical punishment can help control undesirable behaviour.[119] The impact of such punishment can be both physical and emotional. Many students said they felt stressed and embarrassed when punished by teachers. Incidents of severe corporal punishment have also been reported by media with graphic images.

Violence among students is also a problem. According to a survey by Ramjiti Institute, as many as 700,000 children, or 10 per cent of 7 million students, were affected by peer-related violence in 2006.[120] Approximately 40 per cent of students reported being bullied two to three times every month.[121] The impact on students' physical and emotional well-being is significant and can affect learning achievement and possibly drop-out rates. Many students reported that teachers and other adults did not help them to address the problem effectively. A 2008 review of cases of sexual abuse in schools reported in newspapers found 16 incidents involving 24 students. Among the victims, six were boys, and 18 were children younger than 15 years. Among the problems related to dealing with sexual abuse in schools is the often slow process to investigate and punish perpetrators and the failure to publicly disclose the occurrence of these incidents. This can amplify feelings of fear and isolation among affected students. [122]

119 www.nonviolenceinschools.net/?p=215

120 Institute of Population and Social Research, Mahidol University and Thai Health Promotion Foundation, 2007.

121 www.nonviolenceinschools.net/?p=215

122 Health of Thai People, Institute of Population and Social Research, Mahidol University, 2009.

## *Children in conflict with the law*

The number of children who come into contact with the law in Thailand has been steadily increasing. It rose from 29,915 cases in 2003 to 46,371 cases in 2009; 79 per cent of juvenile crimes in 2009 were committed by boys aged 15–18 years. The rate of female juvenile offenders has remained steady, at approximately 7–8 per cent of cases.

The common perception is that children who commit offences are from poor backgrounds and have little education. However, data on juvenile offenders reveals a different picture. In 2007, the majority of juvenile offenders were in lower secondary school (40 per cent), followed by those in primary school (30 per cent); only around 4 per cent had no education. The most common offences were drug abuse, property-related (stealing, robbery) and physical assault.[123] In 2006 and 2007, the recidivism rates were 11.9 per cent and 12.9 per cent, respectively, indicating that programmes designed to rehabilitate juvenile offenders were not entirely effective.

The higher trend in the number of children committing offences and serving terms in overcrowded juvenile detention facilities is a major concern. Not only do young offenders miss their education for extended periods of time, but many also feel stigmatized for the rest of their life. Although Thailand's approach to juvenile offenders is towards rehabilitation rather than punishment, the system is still characterized by punitive measures, such as detention. The increasing number of juvenile offenders stretches the capacity of services designed to provide rehabilitation and leads to overcrowding in juvenile facilities. Although there are a number of child-friendly policies, including child-friendly investigation procedures and diversion from the formal justice system through family and community group conferencing, the number of young offenders who have been diverted is only 10 per cent of the total.[124] Further efforts to develop alternatives to the formal justice system should be made because many of the offences committed by children are minor.

A recent positive development was the increase in the age of criminal responsibility from 7 to 10 years of age. While 10 years of age is still low by international standards, the reform has diverted up to 300 children a year from the criminal justice system into the child protection system, where they should receive support. It is important that effective preventive and protection measures are developed to reduce the incidence of children and young people becoming offenders in the first place. Stronger links between the justice system and the child protection system need to be made to tackle the underlying causes of juvenile offending and promote improved services for rehabilitation and reintegration.

## *Exploitation of children*

The number of child labourers has declined significantly over the past decade. Thailand ratified ILO Convention No. 182 on the Elimination of the Worst Forms of Child Labour in 2001, and ILO Convention No. 138 on the Minimum Age for Admission to Employment in 2004. The expansion of free education from six to nine years in 1999 and then to 12 years in 2002 has helped keep children in school longer. While the problem of child labour may have improved, there are still an estimated 300,000 children engaged in work.[125] The ILO estimates that 1.5 million young workers aged 15–19 years were in the labour market in 2006, two thirds of whom were in the informal economy.

It is difficult to gather data on the number of child labourers and conditions of work, particularly in relation to migrant children. Recent work by the ILO on child labour in Thailand indicates a disturbing trend in the

123 Annual Report 2009: Case Statistics, Office of Juvenile Justice System Development, Department of Juvenile Observation and Protection.

124 www.unicef.org/thailand/realives_7282.html

125 www.ilo.org/childlabour

employment of children, particularly migrant children younger than 15 years, in hazardous working conditions. An ILO survey of 2,744 working children conducted in six selected provinces of Thailand found that 35 per cent were younger than 15 years and as many as 44 per cent could be categorized as in a worst form of child labour.[126] Children work in the agriculture, fishing, domestic and manufacturing sectors and experience exploitation ranging from non-payment or underpayment of wages, excessive hours of work and sometimes use of hazardous equipment to the even more serious violations of forced labour and trafficking.

Child migrant workers are also vulnerable to trafficking. The Department of Social Development and Welfare reported that around 85 per cent of human trafficking cases involved children younger than 18 years.[127] Migrant children younger than 15 are far more likely to be working or engaged in a worst form of child labour. Vulnerability to the worst forms of child labour is closely related to gender, nationality, migrant status and lack of identity document.

Tables 8–10 present data on both Thai and non-Thai children and women who were victims of trafficking from 2005–2007.

### Table 8: Assisted non-Thai survivors of human trafficking

| Country | 2005 | 2006 | 2007 | Total |
|---|---|---|---|---|
| Myanmar | 64 | 180 | 87 | 331 |
| Lao PDR | 226 | 272 | 277 | 775 |
| Cambodia | 193 | 115 | 62 | 370 |
| Viet Nam | 4 | 4 | 4 | 12 |
| China | 4 | 1 | 0 | 5 |
| Total | 491 | 572 | 430 | 1,493 |

Source: Department of Social Development and Welfare, Ministry of Social Development and Human Security

### Table 9: Assisted Thai survivors of human trafficking abroad

| Assisted children and women | 2005 | 2006 | 2007 | Total |
|---|---|---|---|---|
| | 207 | 147 | 262 | 616 |

Source: Department of Social Development and Welfare, Ministry of Social Development and Human Security

### Table 10: Thai children involved in prostitution among reported human trafficking survivors

| Type of involvement | 2005 | 2006 | 2007 |
|---|---|---|---|
| Prostitution | 59 | 60 | 72 |
| Trafficked for prostitution | 136 | 152 | 166 |

Source: Department of Social Development and Welfare, Ministry of Social Development and Human Security

126 Overview of Child Labour in Thailand, ILO, 2008.

127 www.thaihealth.or.th/node/6882

In 2009, government shelters provided protection and social services for 309 repatriated Thai victims and 185 foreigners trafficked to Thailand. The Department of Consular Affairs in the Ministry of Foreign Affairs reported that between October 2007 and September 2008, 443 Thai nationals classified as trafficking victims were repatriated from a number of overseas locations, including Bahrain (360 victims), Malaysia (73 victims) and Taiwan (5 victims).

Exploitation and trafficking is a multidimensional problem relating to the vulnerability of labour migration, the status of the children, the lack of protection measures and the ability of children to access protection services. The problem is also linked to the inadequacy of measures against exploitation of children, the broader context of socio-economic development and labour demand and supply in Thailand and countries in the Mekong region.

In addition to labour exploitation and trafficking, Thailand is recognized by local and foreign markets as a production and distribution source of child pornography.

## *Children without parental care*

The Convention on the Rights of the Child recognizes that children's growth and development is best promoted within a family environment. Children deprived of parental care through the death of one or both parents, abandonment, internal migration or removal from the family due to violence or abuse are more vulnerable to further violations of their rights. Those without family care are denied the supportive attachments that form between parent and offspring, and this can adversely affect the emotional and social development of children. Families provide crucial lessons for children in developing emotional bonds, empathy, social skills and identity. Children who are placed in institutional care when younger than 3 years are of particular concern because evidence shows this can seriously impede cognitive and emotional development.

The Ministry of Social Development and Human Security reports that 11,079 children were not in home care in 2008–2009, of which 6,338 (57 per cent) were living in orphanages and rehabilitation centres, including Baby Homes; some 4,741 children (43 per cent) were placed in foster care by government services. The data on foster care show that 90 per cent of those children were placed in foster homes by Child Adoption Centres without ever being institutionalized. In Thailand, fostering covers care given by both relatives and non-related families: the majority of fostering overseen by the Child Adoption Centres fall into the first category. Although this represents a significant achievement in the prevention of institutionalization, it also highlights the ongoing challenge of fostering children once they have become institutionalized. Only 7 per cent of children put into a residential care facility, such as a Baby Home or Children's Home, found foster placements.

Adoption and fostering are not well developed in Thailand, which results in an over-reliance on institutionalized forms of care. Although there is little cultural tradition of children living with unrelated families, there appears to be good prospects for developing alternative forms of family-based care, as evidenced by the work of the Child Adoption Centres. But ensuring wider-scale de-institutionalization of children requires a long-term commitment and investment. In the short term, pre-school children should be placed in foster care rather than institutional care whenever possible. As of May 2009, 1,731 children aged 0–5 years (970 boys and 761 girls) were cared for by the eight orphanages under the Ministry of Social Development and Human Security. They took in 349 babies (193 boys and 156 girls) between October 2008 and May 2009. There is an obvious need for a preventive strategy and investment of resources to enable children to remain with their families.

Most children who are removed from their families because of child protection concerns are placed in emergency shelters, where an assessment by a multidisciplinary team is undertaken. Those children who eventually return home, however, do not always receive sufficiently close follow-up support, and the resources available for such tasks are inadequate. The number of children needing emergency care rose from 3,896 in 2006 to 4,618 in 2008, an increase of 18 per cent. In 2008, the majority of cases (60 per cent) involved girls, and approximately 52 per cent of cases involved children 10 years and younger.

Those who move on to longer-term care are referred to various government or NGO institutions or to boarding schools. However, these facilities do not provide a continuing system of care planning and review, limiting the extent to which work can be undertaken to enable children to return to their own families.

## *Children without legal status*

Article 7 of the Convention on the Rights of the Child guarantees all children the right to birth registration and a nationality; yet, up to 50,000 children born in Thailand each year miss out on birth registration. The stateless population is estimated at more than 2.2 million persons.[128] This means that a large number of children reside in Thailand without a nationality. Not all these children are entitled to Thai nationality, but living without any nationality, whether of Thailand or another state, puts them at an increased risk of violence, abuse and exploitation.

Recent legislative changes go some way towards alleviating the problem related to birth registration, particularly for newborns. Changes to the Civil Registration Act and government policies in 2008 provide for birth registration of all children born in Thailand, regardless of the legal status of their parents. In 2010, Thailand also withdrew its reservation to Article 7 of the Convention on the Rights of the Child (relating to birth registration). These are major steps forward in ensuring Thailand meets its obligation of universal birth registration. Amendments to the Nationality Act in 2008 ended gender inequality in acquiring Thai nationality and in passing on Thai nationality to children. The amendments improved the process of granting Thai nationality to those who are eligible. Importantly, the amendment retroactively granted Thai nationality to several hundred thousand persons to whom it had been denied by previous laws and policies.

Making birth registration more accessible through the public health system, especially in hospitals, which has proven effective in other countries, is also now being explored in Thailand. However, ensuring that already-complicated policy and laws are translated into simple directives and building the capacity of both civil registrars at the district level and community understanding of the importance of registration are critical. Also, procedures are needed to ensure that children who missed out on registration at birth are able to obtain it retroactively.

## *Children in armed violence and emergencies*

Armed violence in the southern border provinces of Thailand has increased in the past five years, leading to the proliferation of small arms, which present great danger to children in these areas.[129] Indicators on the health, nutrition and education of children in the southern region have lagged behind those in other parts of the country for many years.

128 Ministry of the Interior, cited in the Manager Online, www.manager.co.th

129 For more details, see Sarosi, Diana and Janjira Sombutpoonsiri, Rule by the Gun: Armed Civilians and Firearms Proliferation in Southern Thailand, Nonviolence International, 2009.

In 2004, a resurgence of the violent conflict began in the three Muslim-majority southern provinces of Yala, Pattani and Narathiwat and several districts of Songkhla province. Since then, there have been 10,386 violent acts, with 4,453 deaths and 7,239 injuries up to November 2010, according to the Deep South Watch Centre of the Prince of Songkhla University.[130] The overwhelming majority are civilians and include both Muslims and Buddhists. Between 2004 and 2009, more than 4,100 children lost parents in the conflict. Violence has also left many children and women bereft of a father, husband and bread-winner. By November 2010, 2,140 women had become widows due to the violence.[131] Widows who might not have been working previously endure a greater economic burden that will also affect the well-being of their children.

In 2006, the report of the National Reconciliation Commission identified some of the causes of the violence.[132] These included lack of access among children and youth to relevant education, limited access to justice, confusion in policies, internal conflict among villagers, self-identity and a perception of cultural diversity as a threat.

Schools and teachers have been particularly targeted in the conflict. According to the Ministry of Education, from January 2004 to December 2007, 92 education personnel were killed and 88 were injured.[133] In the same period, 297 education facilities were damaged or destroyed, while 30 students were killed and 92 were injured. Due to the unrest, access to education has been disrupted because schools periodically close for periods ranging from days to weeks and sometimes months.

A UNICEF-supported study in 2008 found that children live with insecurity and fear on a daily basis and are victims or witnesses of violence, including shootings and bombings.[134] At the same time, children living amid such violence expressed hope for the future and a strong desire for peace. The report offered several recommendations related to strengthening the child protection system in the region, including monitoring and response to violence and abuse, capacity development for child protection service providers and developing programmes to alleviate the psychological stress of children.

The three provinces of Yala, Pattani and Narathiwat in the lower southern region of Thailand have been under both martial law and Emergency Decree. Under these regulations, suspects can be detained for up to 37 days without charge. Detained children are allowed visits by their parents, grandparents, brothers or sisters every day following detention, from 9 a.m. to 10 a.m. and from 2.30 p.m. to 3 p.m., for a period not exceeding 30 minutes per day. Visits by other relatives are allowed after three days of detention, and visits by a lawyer require permission from the director of the Internal Security Operation Command Region 4. Children are affected both as the direct and indirect victims of these provisions. Children, particularly youth, can be detained under these laws without reference to the juvenile justice laws that would normally provide protection for their rights. They are also affected when their father, brother or relatives are detained, leaving families with uncertainty and in some cases without crucial family income.

Thailand is host to approximately 140,000 refugees fleeing conflict and human rights abuses in neighbouring Myanmar who reside in nine camps along the border. There are an estimated 69,000 children among them (49 per cent), including 7,891 who are separated and unaccompanied. Their freedom of movement is restricted, and educational and employment opportunities are limited. Children living in the camps are also vulnerable to recruitment as child soldiers by non-state groups. Cases have been documented of children

130 South Situation Still 'Disastrous', Bangkok Post, 17 November 2010.

131 Data from the Social Development and Human Security Offices of Narathiwat, Yala, Pattani and Songkhla, 2010.

132 Overcoming Violence through the Power of Reconciliation, National Reconciliation Commission, 2006.

133 Ministry of Education, Education Coordination Centre in the Southern Provinces, 2008.

134 Everyday Fears: Children's Perceptions of Living in the Southern Border Area of Thailand, UNICEF, 2008.

being recruited and taken across the border. In addition, former child soldiers have fled from Myanmar to Thailand seeking protection but are often not able to access services and their status remains precarious.

Emergency situations resulting from natural disasters, such as the Indian Ocean tsunami in December 2004 and annual flooding, also have an immediate as well as long-term impact on the lives of women and children. The tsunami disaster killed more than 8,200 people in Thailand and affected the livelihoods of hundreds of thousands of people. The affected area experienced a rise in institutional care facilities because various organizations entered the area intending to provide relief to children and their families. The tsunami disaster also exposed gaps in the child protection system. The planning and coordination of care for affected children and individual case management tends to address only material support, with less attention to the longer-term psychosocial impact of emergencies and disasters. Some children, particularly those of ethnic minorities or migrants, missed out completely on tsunami assistance, which further exacerbated their precarious situation.

Women are more vulnerable during disasters because they generally have less access to resources while at the same time, due to the gendered division of labour, they remain primary caregivers to children, the elderly and disabled relatives. This means that they are less able to mobilize resources for rehabilitation and are more likely to be unemployed following a disaster, limiting their opportunities to earn income that could alleviate the impact of disasters.

There appears to be an absence of specific measures to deal with the particular vulnerabilities of women and children caught up in violent conflict and emergencies in Thailand. Concerned government and non-government agencies need to consider putting in place systems to assess, provide and monitor appropriate and adequate responses. Such systems should be sensitive to gender, socio-economic status and cultural and demographic differences in the population.

# Part IV: Shaping a society fit for children and women in Thailand

## 1. Ensuring equitable access to services

Although advances towards realizing the rights to survival and development of children and women have been remarkable over recent decades, there remain clear disparities in the rate of progress among different groups. As Thailand approaches universal access to health care and education, reaching those who still lack these services has become more difficult. There are new challenges associated with providing services to vulnerable and excluded groups whose circumstances may require extra support compared with those of the majority population. Children and women who are stateless or have migrated from neighbouring countries, the poorest children in rural and urban areas, those made vulnerable by HIV or AIDS and children from hill tribes and in the southern border provinces are of particular concern.

### *Migrant, stateless and ethnic minority children and women*

According to one government estimate, there are one million stateless children living in Thailand.[135] In addition, about 250,000 migrant children and youth aged 5–18 years from Cambodia, Lao People's Democratic Republic and Myanmar were reported to be living in the country as of 2006.[136] It is difficult to know the precise number, as well as their whereabouts in the country, because many migrants and their family members may not have been registered officially. There is also no systematic recording or comprehensive database system for tracking migrant workers and migrant children.

Although registered migrants are entitled to receive health services, in practice there are several barriers preventing access, including lack of Thai language skills as well as the location and time when the services are available, which may be inconvenient for those who are working. Unregistered migrants are in an even more precarious situation because they are vulnerable to arrest or harassment by local authorities when they go to public hospitals. As a result, migrants are unable to receive adequate preventive and treatment services for health problems. This poses a particular threat to migrant women seeking reproductive health services. NGO workers in migrant communities report a high level of unplanned pregnancy among migrant women; this can lead to other reproductive health problems, including unsafe abortion.[137]

There is no clear policy in Thailand regarding access to health services for child migrant workers and the children of migrants accompanying their parents. Migrant children often receive preventive health care only through vaccination campaigns or mobile clinics run by the Government and NGOs.[138] According to the Director of the National Health Insurance Office, migrant workers receive assistance in emergency cases

135 Surapong Kongchantuek, The Human Rights Sub-Committee on Ethnic Minorities, Stateless, Migrant Workers and Displaced Persons, The Lawyers Council of Thailand, 2007, www.stateless.com/?q/node=799.

136 Education for Migrant and Stateless Children in Thailand, Office of the Education Council, 2008.

137 PHAMIT Project, www.phamit.org/migrants_vuln1.html

138 Ibid.

according to the prescribed principles under the Medical Emergency Act.[139] Hospitals may also provide treatment to undocumented migrants, but they are obliged to charge fees.

Stateless people, including ethnic minorities without Thai citizenship living in the northern highlands, were previously deprived of basic health care and other services. Prior to January 2006, people from ethnic minorities who were issued a temporary residence permit in Thailand but had no Thai citizenship were entitled to access the 30 baht Universal Health Care Scheme. This right was revoked in the 2007 Constitution, which made the right to health care and services only applicable to those with Thai citizenship.[140] In March 2010, the Government approved a proposal to reinstate the right to health insurance to stateless people (about 457,000 persons).

A cabinet decision of July 2005 provided for all children residing in Thailand to have access to education services regardless of their citizenship status. However, the number of migrant and stateless children enrolling in formal and non-formal education remains quite small. In 2005, about 53,000 of these children were enrolled in government schools, while 88 learning centres run by private, non-government or religious organizations had enrolled about 15,900 children.

Migrant children who become child workers also miss out on or fail to complete their education. According to one government estimate, 61.5 per cent of migrant children in Samut Sakhon province did not have the chance to go to school.[141] Barriers in accessing education for migrant and stateless children include individual as well as structural problems. Language constraints, as well as negative attitudes among both parents and children towards Thai schools on the one hand and those of the teachers and schools towards the migrant communities on the other prevent many migrant children from going to school. Limited human and financial resources in many schools also make it difficult for them to accept additional students, particularly those who may also need extra support. Additionally, the formal curriculum may not meet the needs and circumstances of many migrant children, hence the need to consider alternative learning systems.

## *Children in vulnerable circumstances*

About one in every eight children in Thailand lives in poverty.[142] The MICS 2005–2006 indicated that 7.1 per cent of children aged 0–17 years (or around 1.2 million of the total population aged 0–17 years) were orphaned and vulnerable.[143] In addition, children who have been orphaned by conflict and natural disasters are in need of support and protection. There have been on-going efforts by the Government to develop specific policies and programmes to enable rural and urban poor children to access basic services in health care and education and to receive social welfare support. Nevertheless, there is still a portion of poor and vulnerable children who do not benefit from programmes and services.

The proportion of the population that is covered by the three health insurance programmes (the Civil Service Medical Benefit, Social Security and the Universal Health Care Scheme) is almost universal, at 98.8 per cent in 2007.[144] But as the MICS 2005–2006 and other surveys indicated, there are still disparities in access to mother and child health services in different parts of the country and between those with different education levels. For example, the proportion of pregnant women with no education who did not receive antenatal care

139 PHAMIT, March 2008, op. cit.

140 Surapong Kongchantuek 2007, www.statelessperson.com/www/?q=node/95

141 Office of the Education Council, 2008, op. cit.

142 This refers to households in which expenditure of each member of the family is below the official poverty line (1,443 baht per person per month).

143 NSO and UNICEF, 2006, op. cit.

144 Chandoevwit, W. et al., Choices of Social Welfare for Thais, 2010.

was 7 per cent compared with only 1.3 per cent among those with a primary education. Reaching children and women from poor families who are still not benefiting from basic health services will be a challenge, especially in light of the high service coverage rate among the general population.

Orphaned children and those living with HIV or AIDS are particularly vulnerable to inadequate protection, and they need access to appropriate health care and treatments. According to the MICS 2005–2006, more than three quarters (78.6 per cent) of households with orphans or children who are vulnerable due to AIDS do not receive any external support to care for those children.

Despite high overall enrolment rates in education, nearly 10 per cent of school-age children from poor households do not go to school.[145] There have been special programmes, including several scholarship schemes, to assist poor students and to help them to continue their education at a higher level, but there are questions concerning their effectiveness in reaching students in real need. Moreover, as children from poor households experience greater economic pressures, many opt out of school to start earning a living. Some 65 per cent of young people aged 15–17 years from poor households are not studying.[146]

Extra support and special arrangements may be needed to ensure access to education for other groups of vulnerable children, including orphans and those affected by conflict and emergencies. According to the MICS 2005–2006, the school attendance rate of girls aged 10–14 years whose mother and father had died was 10 per cent lower than those living with at least one parent.[147] Similarly, children living in the southern border provinces had their education disrupted when their school building was destroyed or when it became unsafe to travel. A 2008 study on children's perceptions of living in the southern border areas found that children suffered anxiety and stress associated with the unrest and fear of violence. This situation can also affect the ability of children to concentrate on learning.

## 2. Creating a protective and enabling environment

Thailand's sustained record of economic growth and changing social context presents both opportunities and challenges in recognizing, promoting and protecting children's rights. There is a need to develop systems that prevent and respond to violence, exploitation and abuse of children and women. All sectors of society must be committed to promoting and protecting children's rights by improving the legislative framework and ensuring the enforcement of child protection laws, and by assuring access to protective services.

### *A national child protection system*

The enactment of the Child Protection Act in 2003 was a major advance in efforts to address child protection in Thailand. The Act mandates the establishment of Child Protection Committees at the national and provincial levels while delegating responsibilities to government heads and officers at the district and subdistrict levels. The Act also stipulates that all members of society, not just officials, have a responsibility to protect the rights of children. Along with the introduction of new legislation and policy, there appears to be a growing appreciation at both the national and local levels of the need for child protection.

Despite a strong legislative framework for child protection, many challenges in implementation remain. There is no comprehensive system to routinely monitor and report on child protection issues, and thus the delivery

145 Ibid.

146 Ibid.

147 National Statistical Office and UNICEF, 2006, op. cit.

of timely and appropriate child protection services is hampered. A well-functioning child protection system needs knowledge and technical capacity building as well as budgetary support. Services to prevent, monitor and respond to child abuse remain fragmented. This impedes not only the overall monitoring of the situation but also the development of adequate preventive approaches and appropriate and timely assistance to girls and boys who are victims or at risk of violence, abuse and exploitation.

Most families in Thailand have no access to family support services to help them through difficult times. In January 2006, the United Nations Committee on the Convention on the Rights of the Child commented on Thailand's situation, noting that there was "limited government capacity for social welfare service delivery at the tambon or community level".[148] The NGO Report to the Committee elaborated further on the need for preventive services: "Welfare services should be provided along with development of services targeting poor families, families at risk, families with AIDS or affected by AIDS and families with elderly caregivers. Basic services for children should be focused on proactive and preventive actions by detecting children at risk and intervening before they fall into more severe situations and access should be improved. Personnel should be increased in number and training."[149]

Developing family support services is a necessary building block of a comprehensive child protection system that can prevent as well as respond appropriately to violations of children's right to protection.

## *Supporting social change*

A powerful element for creating a protective and enabling environment for children's rights is change in the social norms and attitudes of people. Positive attitudes towards child protection can come about as a result of changes in the legal framework. At the same time, wider understanding and awareness of children's rights to protection can also help reinforce the drafting and effective implementation of related laws and regulations.

Understanding and support from families, communities, relevant institutions and the wider public for some aspects of children's rights, especially in relation to protection, has been limited. Traditional norms and practices for the disciplining of children that condone physical punishment, for instance, may normalize the use of violence. This promotes cycles of violence among children and in society. Parents and caretakers need to be encouraged and supported to practise positive parenting techniques and promote non-violent relationships at home. Communities can also contribute to creating a protective environment by fostering positive, non-coercive relationships with children and monitoring and assisting in cases of abuse and exploitation. Schools are also important places for fostering a non-violent culture and an enabling environment for child protection.

There are pilot programmes supported or initiated by the Government, NGOs or international agencies that aim to support social change for child protection. These programmes focus on training with local volunteers to raise awareness, monitor incidents of violence and exploitation of children and women at the community level as well as coordinate with relevant government agencies to assist abused children and women.[150] A project of the Department of Local Administration, supported by UNICEF, focuses on strengthening information, education and communication about appropriate child-rearing practices that contribute to creating a protective environment.

148 Consideration of Reports Submitted by States Parties under Article 44 of the Convention – Concluding Observations: Thailand, Committee on the Rights of the Child, 2006.

149 Thailand NGO Report on the Implementation of the Convention on the Rights of the Child, 2000-2004, 2005.

150 Foundation for Child Development annual report 2007, Foundation for Women, 2008

## *Institutional capacity gaps*

The Government has passed a number of laws and developed many policies to ensure the rights to survival, development and protection of children as part of its commitment to implementing the international human rights treaties it has ratified. However, success in enforcing and applying these laws and policies at the national and subnational levels is uneven.

The Universal Health Care Scheme and the National Health Security System have helped ensure access to basic health care by the majority of people. Children and women have benefited from the policy as well as from specially developed mother and child health care programmes. Similarly in education, the National Education Act 1999 and the Compulsory Education Act 2002 have resulted in higher enrolment rates at all levels.

At the same time, as noted earlier, in both areas there are still gaps in reaching excluded and vulnerable people. Limitations in ensuring access to health care seem to lie with financial constraints and gaps in interpreting the legal framework. This also reflects a lack of understanding of the situation of marginalized groups by service providers.

As for the right to education, despite specific policies and programmes for excluded and vulnerable groups, many children are still left out. Some reviews have pointed to institutional barriers, especially at the subnational level, to applying the relevant education policy for serving migrant and stateless children.[151] Such barriers include the lack of an effective data collection and monitoring system, lack of appropriate coordination mechanisms between and among national and subnational agencies, limited human and financial resources at the school level and lack of understanding by schools about procedures. Some school managers and teachers also have hostile attitudes towards the provision of education services to migrant and stateless children.

Enforcing laws and policies relating to the protection of children is hampered by limitations in the capacity of and commitment to social change among relevant actors and institutions at the subnational level. A review of the capacity of local government to develop activities for protecting children and youth noted that most experience problems in implementing the National Child Protection Act.[152] Among the challenges are an already high workload and wide range of responsibilities of local authorities; limited technical capacity of staff to develop plans, proposals and budgets to implement relevant activities; lack of suitable space for carrying out activities; and lack of interest, understanding and support from others with a role to play, including parents and teachers. In addition, many local government officers lack an understanding of children's rights issues and their obligations as agents of the State and thus do not appreciate the need to carry out child development and protection activities. Gaps also remain in information, human and financial resources and the capacity of agencies to ensure enforcement of laws and policies to prevent and assist victims of trafficking and child labour.[153]

151 Office of National Education Council, 2008

152 Report prepared by Sompong Jirtradab, part of meeting document by Department of local Administration and UNICEF, 2008

153 Foundation for Child Development, 2006

### *Data and monitoring*

In preparing this report on the situation of children and women in Thailand, adequate, reliable and consistent data on a number of issues was sometimes a challenge to obtain. Sex disaggregated data are often not available, which makes it difficult to identify the gender issues or gender gaps. While data do exist on issues related to children's and women's rights to health care and education, there is a lack of consistency between sources. Moreover, much of the data available reflects the situation of the majority population because it is mostly collected from surveys based on household or citizenship status. Information relating to marginalized and vulnerable people has not been adequately collected, analysed or discussed. There is also an increasing need for monitoring and reporting on traditional as well as emerging issues relating to child protection.

In recent years, there have been efforts by the Government and NGOs to strengthen data collection, the quality of data and the monitoring of social indicators supported by international agencies. In 2008, the Ministry of Social Development and Human Security issued a report on gender-disaggregated statistics that covered important social, economic and political indicators. This report helps policy-makers understand trends and gaps in advancing women's rights and thus create better policies. The MICS 2005–2006 carried out by the National Statistical Office also helped highlight gaps as well as emerging problems of vulnerable groups of children and women, especially in health care and education. In addition, the Child Watch Project initiated in 2002 by the Ramjiti Institute and supported by the Thai Health Fund set out to monitor the situation of children and youth in health, education and the social context in all 76 provinces. Data from this project has already informed policy and programme design at the national and provincial levels.

Despite these activities, gaps in disaggregated data (subnational, gender and age) and monitoring still exist. Technical support from international agencies and public institutions to strengthen the capacities of the agencies in charge of statistics to improve data collection, analyses and use of data for decision-making remains important. In addition, coordination and collaboration mechanisms between relevant government agencies need to be improved to ensure data consistency and more effective use for evidence-based policy-making.

## 3. Children's participation

Involving children in the decisions that affect them at home, in school and the community can contribute significantly to realizing their rights to survival, development and protection. Child participation also fosters active citizenship, which is important in strengthening the country's positive social, economic and political development.

Decision-making concerning children still largely excludes them from the process. Relevant people and institutions making decisions on their behalf seldom consult children. The culture and attitudes of 'good children listen to adults' and 'adults know best' still prevail. Although children of the current generation have more opportunities to express their views and make decisions on issues affecting their lives, barriers to meaningful and active children's participation remain. These include a lack of clear understanding about what children's participation should entail and a lack of skills and capacities among both children and adults to facilitate and nurture meaningful interaction. Allowing young people to develop greater understanding and awareness of their rights and critical thinking would also enable their more meaningful participation and contribution of ideas on children's policy and practice.

It is slowly becoming more common for children and youth to give their opinions on issues related to their situation as well as on some broader social, economic and political concerns. This kind of participation is useful at one level, but it does not usually lead to turning their views into practical actions that make a real difference for the majority of children. Nevertheless, some local and international NGOs working on children's

rights and on adolescent health have introduced good practices as well as useful tools to ensure meaningful participation of young people. The new Children and Youth Development Act established the Children and Youth Councils that provide greater opportunities for developing the skills and capacity of young people and engage them in decisions that affect their lives and society. Participation of children from vulnerable and excluded groups and equal representation of girls should also be stressed because this can have a powerful and practical impact, including increasing awareness among the wider public of their special situation.

# Part V: Promoting partnerships

## 1. Children and youth participation in the media

The media have a potentially powerful role in supporting and advancing children's rights through reporting and providing opportunities to talk about issues affecting them or their peers. Children's access to information, often through different forms of media, is also an important enabling factor for active citizenship and participation. The Foundation for Child Development and other NGOs have been working to promote children's participation in the media through different programmes, including supporting children to be journalists, facilitating child-to-child communication and information sharing on important issues that might not otherwise be adequately covered.[154]

Children and youth can communicate on sensitive issues, such as HIV prevention, drug abuse and sexuality, in their own language and style, which makes the information more accessible to their peers. The Thai Health Fund Foundation has supported programmes, such as the Media and the Well-being of Children and Youth, which enable formation of various media and youth networks. These networks engage children in programme production and monitoring to ensure better quality and more appropriate content for children and youth.

## 2. Increased capacity of civil society

Although the Government and specialized NGOs carry out much of the work on children's and women's rights in Thailand, there is also potential for a greater role for civil society. Partnerships with community and faith-based organizations and private foundations can help advance children's and women's rights. The proximity of locally based and religious institutions to children and families enable them to better provide support and protection to children in the community. Religious institutions and private foundations already assist children in difficult circumstances by giving shelter or providing scholarships. However, there is often limited knowledge and capacity on the part of such organizations to help address other dimensions of children's and women's rights. It would be useful to explore how specialized agencies can help strengthen the capacity of these and other civil society organizations to take on an even greater role and become an active partner in ensuring the rights of children and women.

154 Foundation for Women, 2008, op. cit.

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