

CHARACTERISTICS AND IMPACT OF SUPPORT TO ORPHANS AND VULNERABLE CHILDREN IN NORTHERN THAILAND: A SECONDARY ANALYSIS OF THAILAND MULTIPLE INDICATOR CLUSTER SURVEY, 2006

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ABSTRACT: In Thailand, among families that have taken in orphans and vulnerable children (OVC), 78.6 percent of these families received no support at all. Children whose families receive any support (medical, emotional and psychological, material, social or educational) account for 21.4 percent. The percentage of OVC whose households have received all five types of support is only 0.1 percent. This research selected six provinces in Northern Thailand to study, intended to find out the association between household's characteristics, care taker's characteristics, OVC's characteristics, type of support being received and OVC's educational and health status. Supporting OVC needs steady effort at government level as well as family and community level. The research results would provide useful information for policy makers to develop better social welfare mechanism for OVC. Families and communities which have OVC may also benefit from this research by receiving new knowledge. The research found that there is a significant positive association between household's wealth index quintiles (P-value=0.010), mother's education (P-value=0.000), and early child development program attendance. There is a significant positive association between mother is a teenager (P-value=0.027), OVC is disabled (P-value=0.020) and underweight. Among all the OVC, double orphans, maternal orphans and disabled OVC are most vulnerable. It is suggested that Thailand needs better social welfare mechanism which can provide more support to OVC, especially medical, material and educational support, for their well-being. Further study is encouraged to focus on other parts of the country in order to present the whole picture of OVC in Thailand.

Keywords: orphans, vulnerable children, multiple indicator cluster survey

INTRODUCTION: Multiple Indicator Cluster Surveys (MICS) were developed to collect data on situations of all children in a given country to be used as tools in monitoring and evaluation of child development. MICS was first conducted in Thailand in December 2005 to February 2006. It was carried out by Thailand National Statistical Office in collaboration with the Ministry of Social Development & Human Security, the Ministry of Education and the Ministry of Public Health. Financial and technical support was provided by the United Nations Children's Fund (UNICEF) and the United Nations Development Programme (UNDP). Technical support was provided by the United Nations Educational, Scientific and Cultural Organisation (UNESCO) for the contents of the survey¹⁾. Orphans are children who have experienced the death of either parent or both parents. Vulnerable children include children with a parent who is chronically ill, and children having an adult aged 18-59 in the household who either died after being chronically ill or who was chronically ill in the year prior to the survey²⁾. UNICEF Thailand MICS 2005-2006

final report³⁾ indicates that 7.1 percent of children aged between 0-17 years in Thailand are considered OVC. The North has the OVC prevalence as 9.2 percent. This is mainly due to HIV/AIDS epidemic (infected and affected cases). The type of support that OVC have received is various. It has been divided into 5 types, namely medical; emotional/ psychological; material; social and educational⁴⁾.

This research selected six provinces in Northern Thailand to study, intends to find out the association between household's characteristics, care taker's characteristics, OVC's characteristics, type of support being received and OVC's educational and health status. Supporting OVC needs steady effort at government level as well as family and community level. The research results would provide useful information for policy makers to develop better social welfare mechanism for OVC. Families and communities which have OVC may also benefit from this research by receiving new knowledge.

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MATERIALS AND METHODS: This was a quantitative research based on secondary data from MICS and intended to clarify the sections which were not clear about OVC. In this research, six provinces in Northern Thailand were selected, namely Chiangmai, Chiangrai, Maehongson, Nan, Payao and Tak. All data of 456 OVC aged 0-17 years found in six provinces surveyed by MICS were used.

The data were analyzed by using SPSS 13 program. Pearson's chi-square test was conducted to test the association between the independent and dependent variables. The independent variables are: household's characteristics (household's wealth index quintiles, location, household head's language), care taker's characteristics (mother is a teenager, mother is single, mother's education, father's education), OVC's characteristics (OVC's age group, OVC's gender, OVC's citizenship, OVC's living arrangements, OVC is disabled, OVC is a maternal orphan, OVC is a paternal orphan, OVC is a double orphan, OVC is vulnerable children), type of support (medical support, emotional/psychological support, material support, social support, educational support). Dependent variables are: school attendance (early child development, primary, secondary, post secondary), type of sickness (diarrhea, acute respiratory infection), malnutrition (underweight, stunted, wasted). A P-value of less than 0.05 was considered statistically significant

RESULTS: The female-to-male ratio among vulnerable children is 1.2:1 while the national figure is 1.04:1⁵. Of the 60 maternal orphans surveyed, 53.3% are female. The female/male difference is also noticeable among double orphans, where, contrary to other categories, the males account for the majority. In six northern provinces surveyed and estimated nationwide situation, the share of maternal orphans living in rural areas is considerably higher than that of other children. Overall, 74.0% of OVC in six northern provinces surveyed and 75.1% nationwide estimated are living in rural areas. Since the majority of poor households in Thailand are located in rural areas, this proportion is consistent with the

higher proportion of OVC living in poorer households. Language is one of the most important tools for social communication and is much related to children's vulnerability. In the surveyed provinces, orphans are double represented among the non-Thai speakers (19.2%) compared to the nationwide non-Thai speakers orphans (10.0%). Looking at the rates of single orphans in six northern provinces who live with a parent, 72.6% paternal orphans live with their mothers and 51.7% of maternal orphans live with their fathers. The situation is very similar nationwide. 64.0% of double orphans live in a household headed by their grandparent compared to approximately 35.0% of single orphans. Double orphans are also about four times as likely to live with distant relatives as single orphans. About 38.0% paternal orphans live in a household headed by a grandparent compared to 33.7% maternal orphans. Nationwide, 61.8% of double orphans live in a household headed by their grandparent compared to approximately 37.0% of single orphans. Figure 1 shows that of OVC aged 0-4 years, double orphans and vulnerable children have the lowest (40.0%) pre-school attendance rate while paternal orphans have the highest (62.0%). When entering into primary school age, all groups have reached about 97.0% attendance rate which drops slightly for the later years of compulsory education (10-14 years). In the 15-17 year age group, school attendance rate drops to about 70.0% for OVC. The drop is however greater for double orphans (64.0%) and maternal orphans (68.2%).

There is a significant positive association between household's wealth index quintiles (P-value=0.010), mother's education (P-value=0.000), and early child development program attendance. There is a significant positive association between mother's education (P-value=0.035), OVC's citizenship (P-value=0.030), type of support (P-value=0.010) and secondary school attendance.

There is a significant positive association between household's wealth index quintiles (P-value=0.030), mother's education (P-value=0.041), OVC's citizenship (P-value=0.040), type of support (P-value=0.010) and post secondary school attendance.

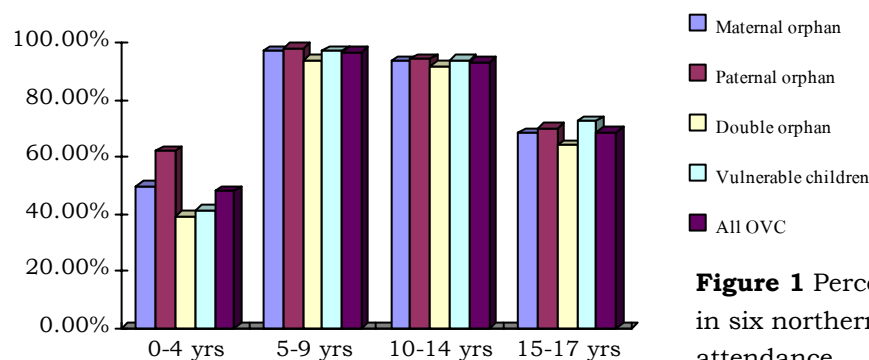


Figure 1 Percentage of OVC surveyed in six northern provinces by school attendance

Table 1 Percentage of OVC under 5 by malnutrition

	Underweight		Stunted		Wasted	
	A+	B+	A+	B+	A+	B+
Orphan	12.1%	11.8%	14.7%	15.6%	4.9%	5.2%
Vulnerable children	11.8%	11.9%	14.3%	14.7%	5.1%	5.4%
All OVC	13.0%	12.5%	15.0%	14.1%	5.3%	5.7%

A+ = Six northern provinces surveyed

B+ = Nationwide estimated

Table 1 shows that in six northern provinces the proportion of OVC who are underweight and stunted is 13.0% and 15.0% respectively. 5.3% of OVC are wasted. The situation is similar nationwide. There is a significant positive association between mother is a teenager (P -value=0.027), OVC is disabled (P -value=0.020) and underweight. There is a significant positive association between OVC is disabled (P -value=0.034), type of orphan (P -value=0.040), type of support (P -value=0.012) and stunted. There is a significant association between OVC is disabled (P -value=0.030), type of OVC (P -value=0.044) and wasted.

DISCUSSION: In the six northern provinces there are 4.3% of the children aged 15-17 years vulnerable, compared to national rate of 3.2%. Nationwide HIV prevalence rate in 1995 is 2.2% and in 2005 is 1.5%⁶. The northern region has so far borne the brunt of Thailand's AIDS epidemic. Chiang Rai Province, known as one of the most beautiful regions in the country, is among the hardest hit. Its 1.25 million residents constitute just 2.0% of the country's population but account for 10.0% of its AIDS cases⁷. Therefore, it can be argued that in the six northern provinces there are more accumulated number of adults sick due to AIDS, so the rate of vulnerable children in 15-17 age group is higher in than the nationwide one.

In six northern provinces, paternal orphans have higher school attendance rate than maternal orphans in all age groups, especially in 0-4 years group. Receiving a pre-school education in an organized learning or child education program is important for preparing children to go to school. One of the A World Fit for Children goals is the promotion of early childhood education⁸. In six northern provinces, 62.0% of paternal orphans receive early child development while only 49.6% of maternal orphans do so. This reflected that mothers are generally taking better care of children than fathers and other care givers. Therefore, training program should be promoted to improve skills and attitudes of fathers to take the responsibility. Only about 50.0% of all OVC attend early child development program. However, almost all the OVC go to school during age 5-14 years. The school attendance rate drops in age group 15-17 years (68.7%).

Chronic malnutrition leads to stunting. Frequent illness leads to weight loss and being potentially underweight⁹. Looking at the distribution of malnutrition for OVC age under 5 years, six northern provinces have almost the same percentage as nationwide except 1.0% more in wasted category. Six northern provinces have slightly higher percentage in underweight and stunted categories and lower in wasted category.

It can be summarized that OVC in six northern provinces have received more support than nationwide, especially for medical and educational support. But the percentage of OVC who receive all types of support is still very low (0.2%) From the statistical analysis, it is already known that OVC who receive support are less likely to develop malnutrition and to drop out of the school. It is predicted that both physical and mental well-being are positive factors that can help OVC grow up healthy. Therefore, it is suggested that public policy in Thailand may attach more importance of external support to OVC, especially educational and material support.

RECOMMENDATIONS: OVC are more threatened by health, educational and many other social problems. Policy makers have the major responsibility to strengthen existing service delivery and develop/improve appropriate social welfare policy, legislation and regulation; and allocate resource to provide support to OVC. Further study is encouraged to focus on other parts of the country in order to present the whole picture of OVC in Thailand.

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