



MULTIPLE INDICATOR CLUSTER SURVEY OF CHILDREN AND WOMEN IN THAILAND 2006

Summary Report

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



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Summary Report

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INTRODUCTION

Thailand has achieved impressive socioeconomic progress over recent decades. This progress has included:

- A fall in the under-5 mortality rate from 37 per 1,000 live births in 1990 to 21 in 2004;
- A large increase in primary school enrolment levels, from 70 per cent in 1990 to 95 per cent in 2004; and
- A significant decline in the number of people living below the poverty line, from 16 per cent in 1994 to 10 per cent in 2002.

According to the results of this Multiple Indicator Cluster Survey (MICS), the largest survey on the situation of children and women ever carried out in Thailand, there also has been great progress in terms of child nutrition – the proportion of children below five years of age who are underweight dropped from 26 per cent in 1993 to 9 per cent in 2006.

Yet this rapid overall progress at the national level masks disparities in achievements at the provincial level, between urban and rural areas, between the well educated and those who are not, between men and women, and between ethnic minorities and the majority of the population.

In terms of unequal income, disparities have been on the increase in Thailand since the 1960s. On the social development side, there have been similar observations made regarding inequalities, but these had not been captured systematically or on a nationwide scale until the MICS was conducted. The MICS, which covered 40,111 households selected randomly from all over the country, provides statistically reliable data on the life of children and women in Thailand today.

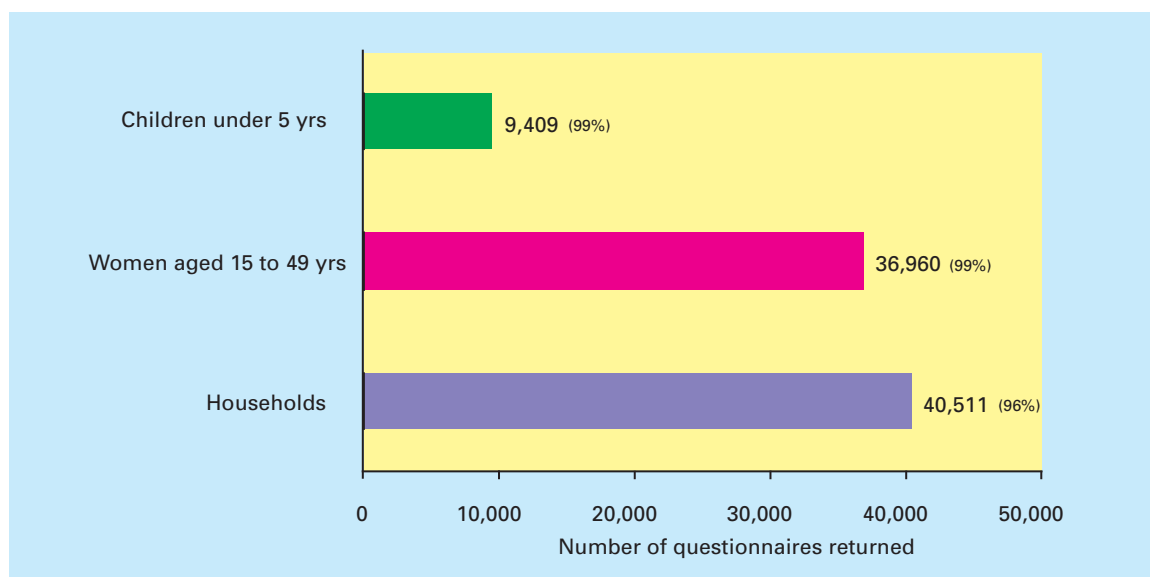
The MICS was carried out by the National Statistical Office of the Royal Thai Government. Teams of surveyors from the National Statistical Office visited sample households between December 2005 and April 2006 to ask questions and carry out related activities, such as weighing children and checking the availability of iodized salt at the household level. Using a set of standard questionnaires, the teams investigated a wide range of issues related to health, development and the protection of children and women, including the following:

- Nutritional status
- Prevalence of exclusive breastfeeding practice
- Availability of iodized salt
- Immunization coverage
- Access to safe drinking water and sanitation
- Reproductive health

- Awareness on HIV
- Education and school attendance
- Child protection

The survey was carried out to better understand the current situation of children and women in Thailand and to measure the country's progress towards the international goals that Thailand has committed itself to achieve, including the Millennium Declaration, the Millennium Development Goals (MDGs) and A World Fit for Children Goals. All of these goals call for time-bound and verifiable improvements in the survival, development, protection and participation of children.

Figure 1: Number of questionnaires returned and response rates



While the MICS has confirmed the substantial progresses made on many issues related to children and women, it also shows that there is 'unfinished business' for Thailand in relation to some of the major international goals, such as the achievement of universal salt iodization and the promotion of exclusive breastfeeding. There are also substantial disparities in the status of children and women and their access to essential knowledge, services and commodities depending on where they live (e.g. urban or rural, different provinces), their ethnicity (e.g. ethnic minorities or majority, Thai-speaking or non-Thai speaking) and other socioeconomic indicators (e.g. poor, non-poor, more educated or less educated).

This summary report provides an overview of the major findings of the MICS.

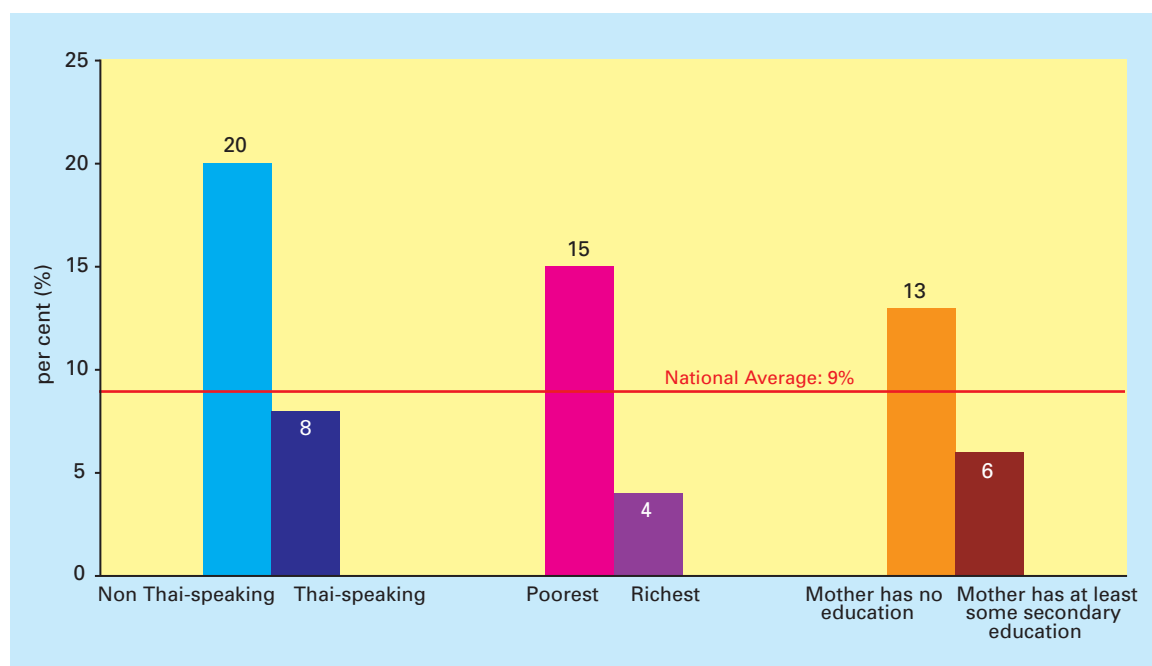
RESULTS

1 HEALTH AND NUTRITION

Malnutrition

Overall, roughly one in 10 children (9 per cent) under five years of age is underweight in Thailand. Twelve per cent of children are too short for their age (“stunted”) and 4 per cent are too thin for their age (“wasted”). In addition, one in 10 infants (9 per cent) is born with a weight of less than 2,500 grams, which is considered the threshold of low birth weight internationally.

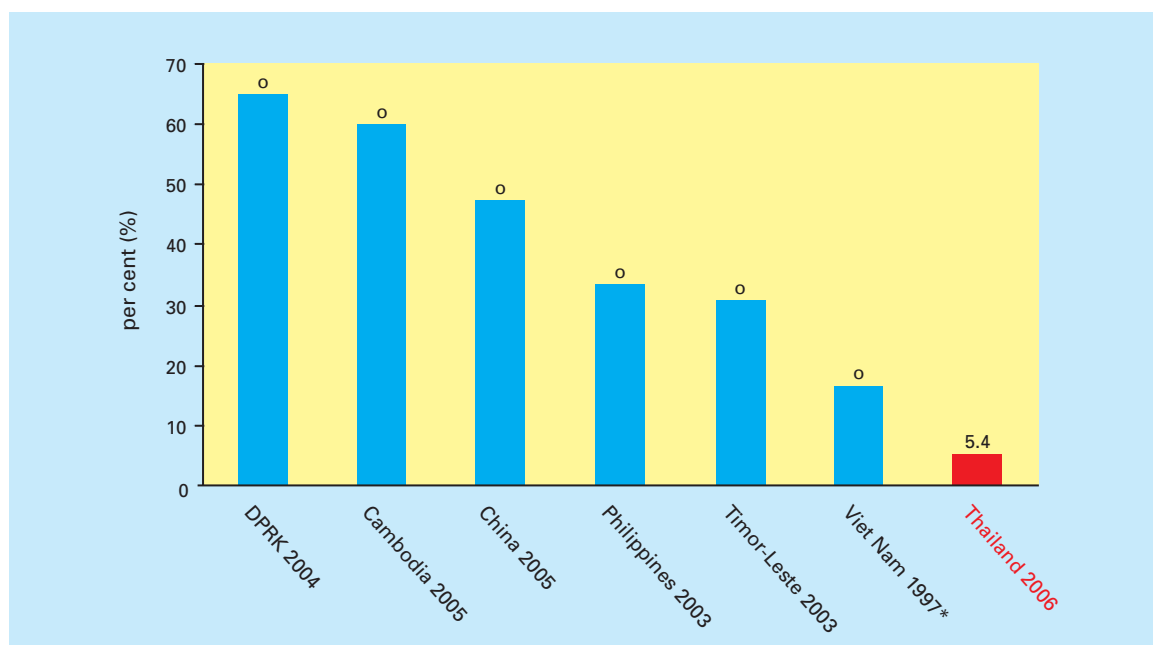
Figure 2: Prevalence of underweight children below 5 years of age



The national-level data, however, tend to mask substantial disparities at the sub-national level. For instance, children from the poorest families are almost four times as likely to be underweight as children from the richest (15 per cent versus 4 per cent). Children of uneducated mothers are more than twice as likely to be underweight as the children of mothers with some secondary education (13 per cent versus 6 per cent). A comparable difference also exists between Thai-speaking and non-Thai-speaking children (8 per cent versus 20 per cent) and among the Central, North-East and South regions (6 per cent, 12 per cent and 13 per cent, respectively).



Figure 3: Comparison of exclusive breastfeeding rates up to 6 months after birth in the East Asia and Pacific region

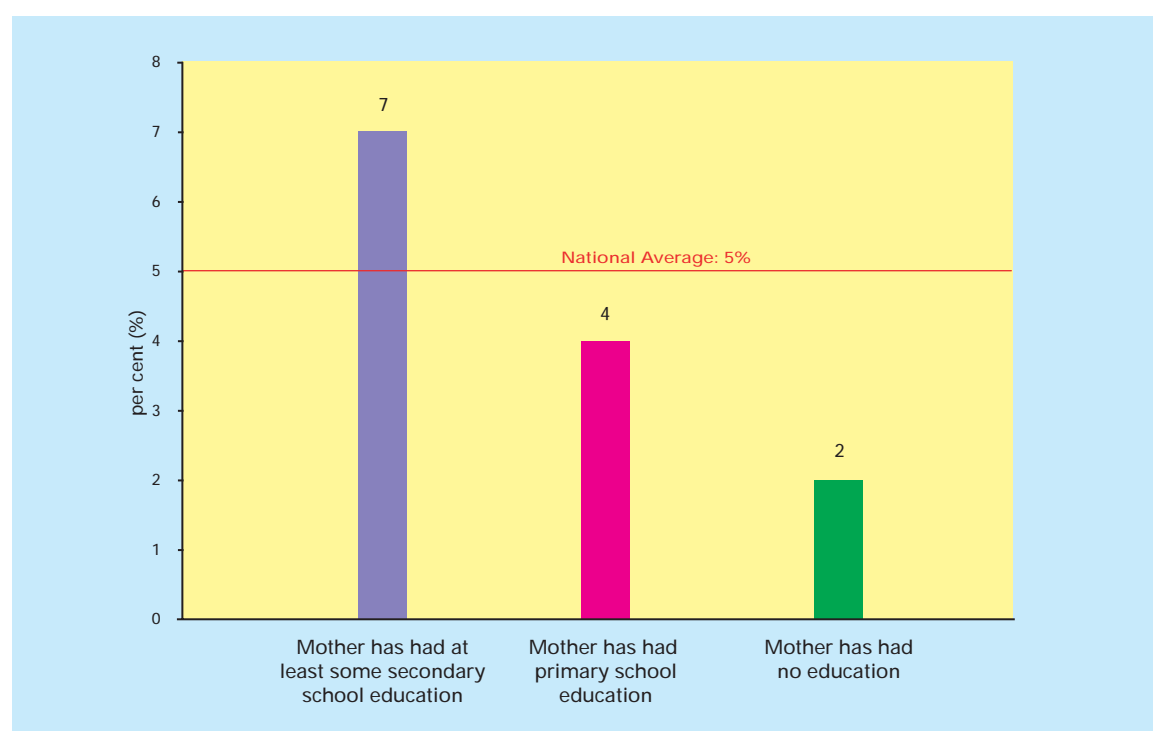


Exclusive breastfeeding

Breastfeeding is the best way to provide children with all the nutrients they need for their full physical and mental development in the first six months of life. No other liquid or food – not even water – should be given to children during this period since they can introduce contaminants into the diet and cause infections such as diarrhoea and other gastro-intestinal illnesses. Experts have also noted a positive link between breastfeeding and children's emotional development.

However, only 5 per cent of children are exclusively breastfed for the first six months after birth in Thailand. This is one of the lowest national rates of exclusive breastfeeding in the world. For children in the Central region, the figure is just 2 per cent. Children with mothers who have had some secondary education are more likely to be exclusively breastfed compared with children of mothers with no education (7 per cent versus 2 per cent).

Figure 4: Comparison of exclusive breastfeeding rates up to 6 months after birth, by mother's education



Salt iodization

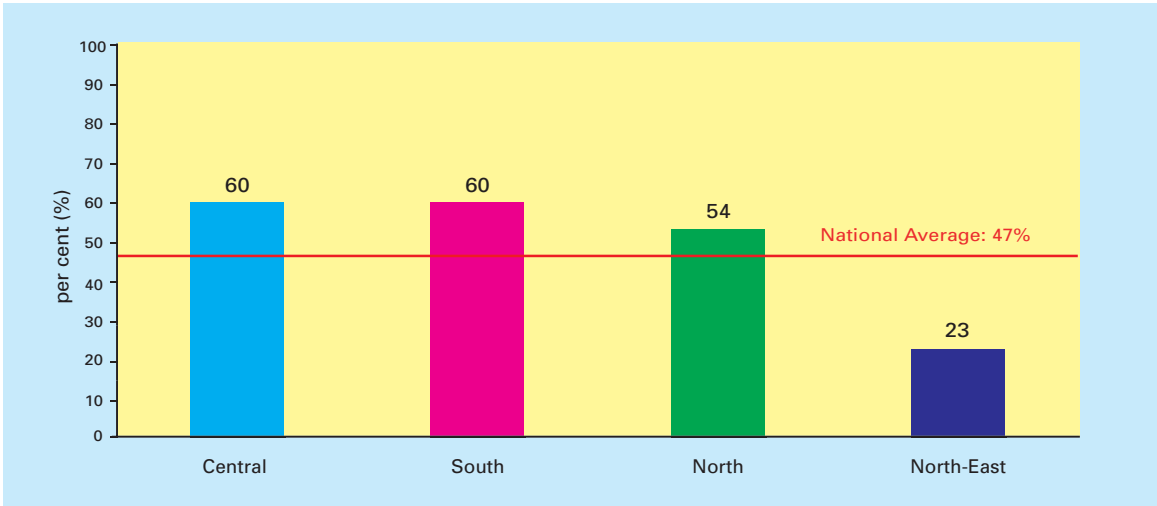
Iodine Deficiency Disorders (IDD) are the world's leading cause of preventable mental retardation and physical underdevelopment in young children. Insufficient intake of iodine by women during pregnancy can result in impaired brain development for the foetus and an increased risk of mental sub-normality in infants and children, including cretinism. In addition, the mental capacity of school-age children who do not have sufficient amounts of iodine in their diets can be substantially reduced, resulting in lower academic achievement.

The best way to guarantee sufficient iodine intake by the general population is to add iodine to all edible salt for human and animal consumption (universal salt iodization). Salt is the only commodity that everyone uses more or less the same amount of every day regardless of differences in age, sex, ethnicity and other factors. Thailand is committed to achieving universal salt iodization by 2011, as agreed internationally in 1995.

However, the MICS data show that only 47 per cent of Thai households consume salt that contains adequate levels of iodine. In the South and Central regions, the consumption rate of adequately iodized salt is slightly higher at 60 per cent, but in the North-East it plummets to 23 per cent.

Urban households are more likely to consume adequately iodized salt than rural households (62 per cent versus 40 per cent), while very rich households consume nearly three times more than the very poor (69 per cent versus 24 per cent).

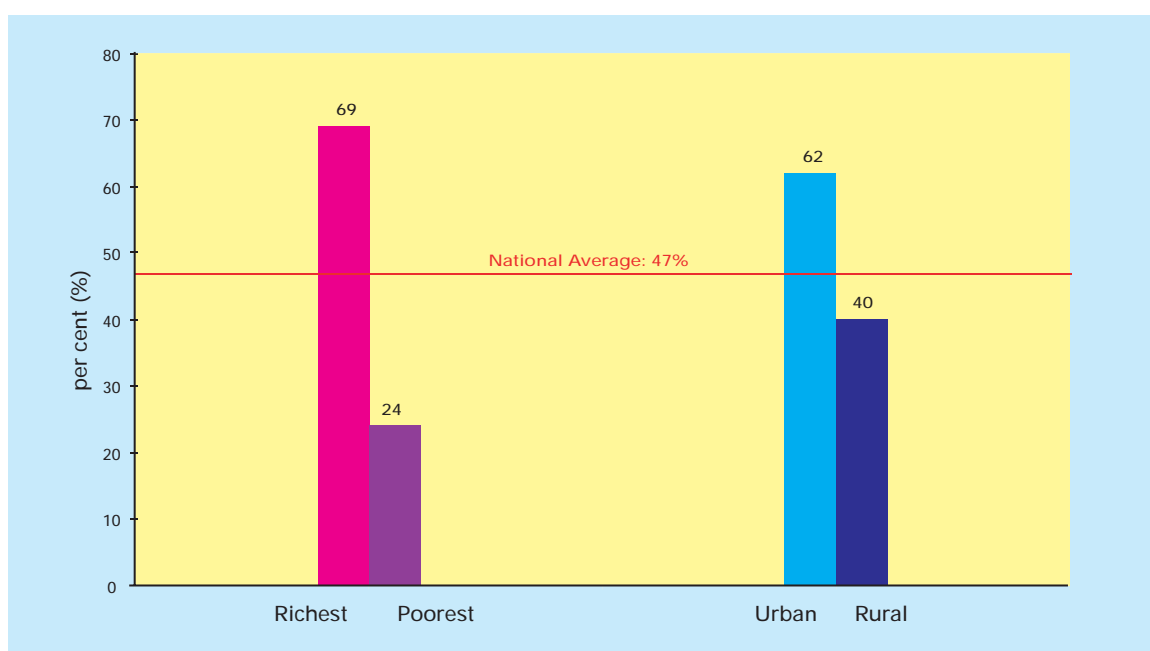
Figure 5: Households consuming adequately iodized salt, by region



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Figure 6: Households consuming adequately iodized salt, by wealth and rural/urban areas

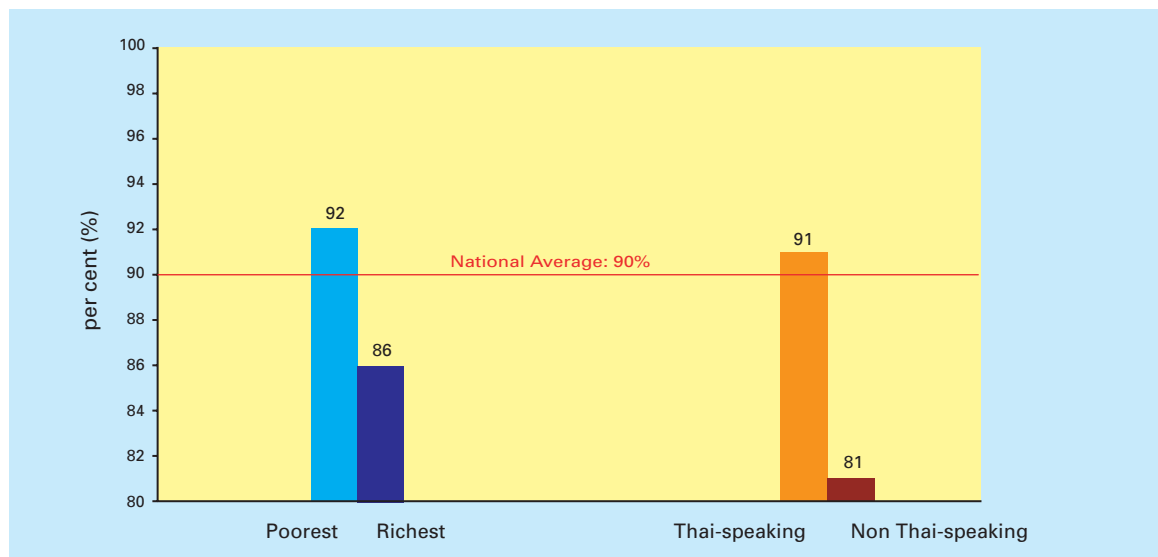


Immunization

Immunization coverage for children in Thailand is high overall but there is still room for improvement. Eighty-three per cent of children below one year of age receive all the essential vaccinations against the seven vaccine-preventable diseases, i.e. tuberculosis, diphtheria, pertussis (whooping cough), tetanus, hepatitis B, polio and measles. This coverage level still leaves some 200,000 infants at risk of contracting some of these diseases.

For 2 year olds, immunization rates for seven major diseases rise to 90 per cent, but some sections of the population are more at risk. Children in non-Thai speaking households have the lowest immunization rates in the country (81 per cent versus 91 per cent for Thai speaking households). Children in Central region (84 per cent) and the South (86 per cent) are also missing out on vaccinations compared to children in the North (95 per cent) and the North-East (94 per cent).

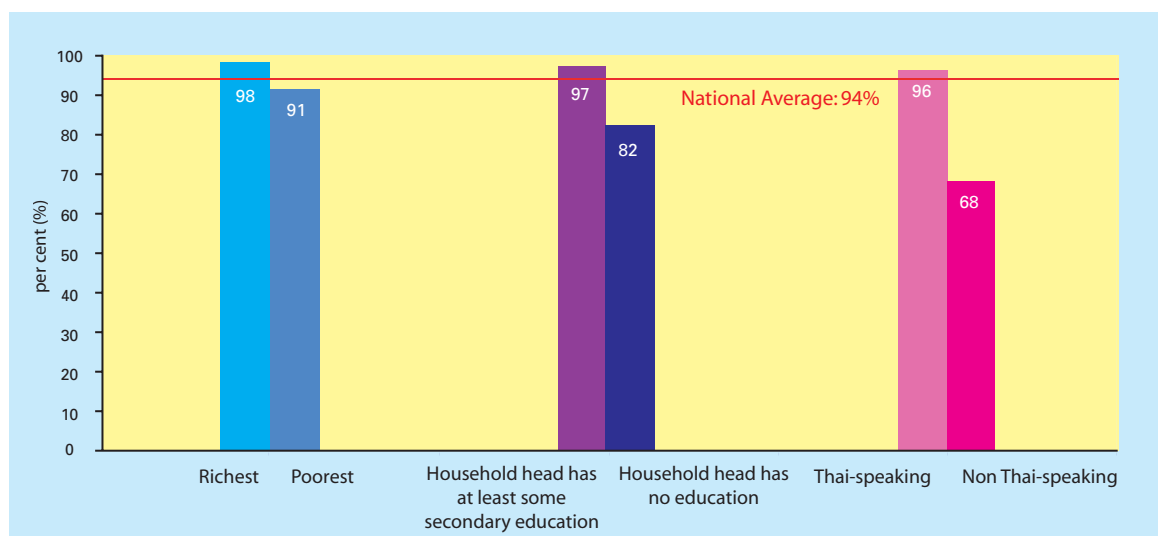
Figure 7: Children who are fully immunized by age 2, by wealth and language



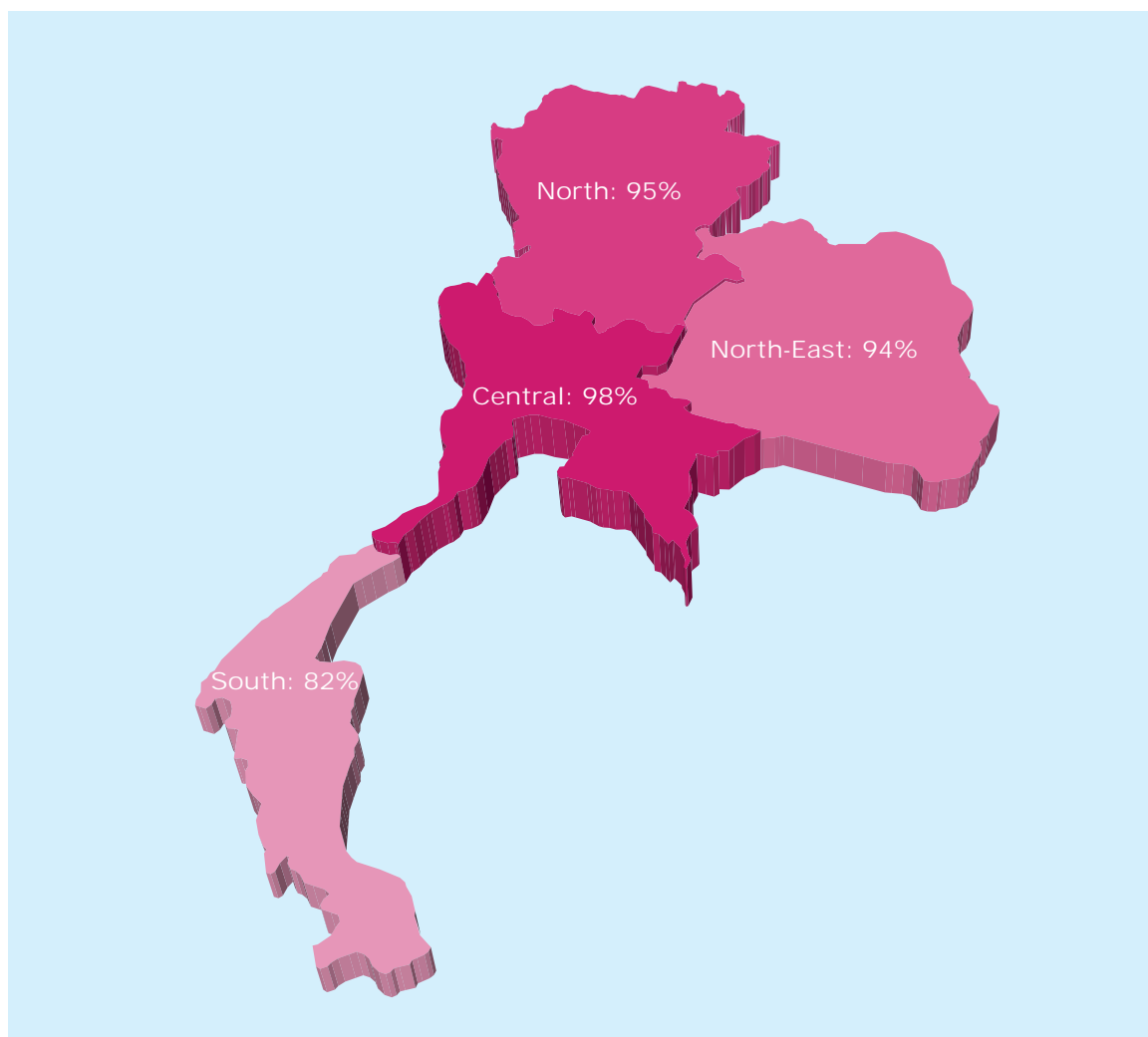
Improved drinking water

At the national level, 94 per cent of households in Thailand have access to improved drinking water. However, access is much lower for households in the South (82 per cent) and households whose head has no education (82 per cent). Most strikingly, only 68 per cent of non-Thai speaking households have access to improved drinking water.

Figure 8: Population with access to improved drinking water, by selected indicators



Map 1: Population with access to improved drinking water sources, by region



Sanitation

Almost everyone in Thailand lives in households with improved sanitation facilities (99 per cent), but only 65 per cent of households safely dispose of young children's faeces, which is a very dangerous source of infection for children and adults.

The coverage of improved sanitation is particularly low in some southern provinces, such as 71 per cent in Yala and Narathiwat, and 79 per cent in Pattani.

2 REPRODUCTIVE HEALTH

Contraception

Nearly three-quarters (72 per cent) of women aged 15 to 49 years who are married or living with a partner use some form of modern contraception. These include contraceptive pills (31 per cent), female sterilization (25 per cent) and injections (10 per cent).

However, figures vary widely across the country. Contraceptive use is far more common in the North and North-East (75 per cent) and lowest in the South (57 per cent). Among non-Thai speaking women, only 52 per cent report using any modern form of contraception.

Despite the still high prevalence of HIV and other sexually transmitted infections in Thailand, just 1.4 per cent of women aged 15 to 49 years who are married or living with a partner use condoms. This figure falls to 0.9 per cent for women in rural areas, 0.6 per cent for the poorest women and 0.3 per cent for women with no education.

Map 2: Contraceptive use among women aged 15 to 49 years, by region

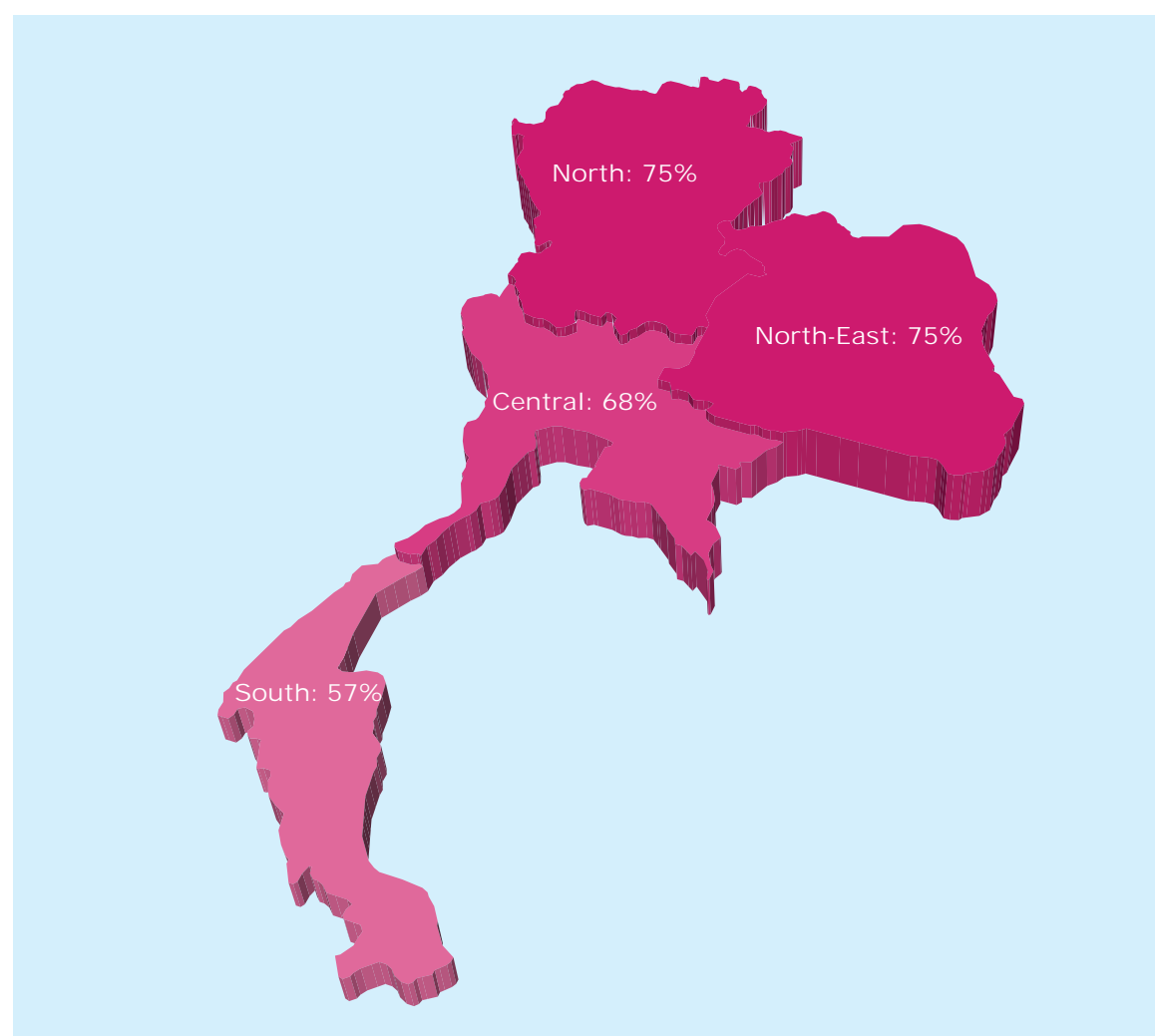
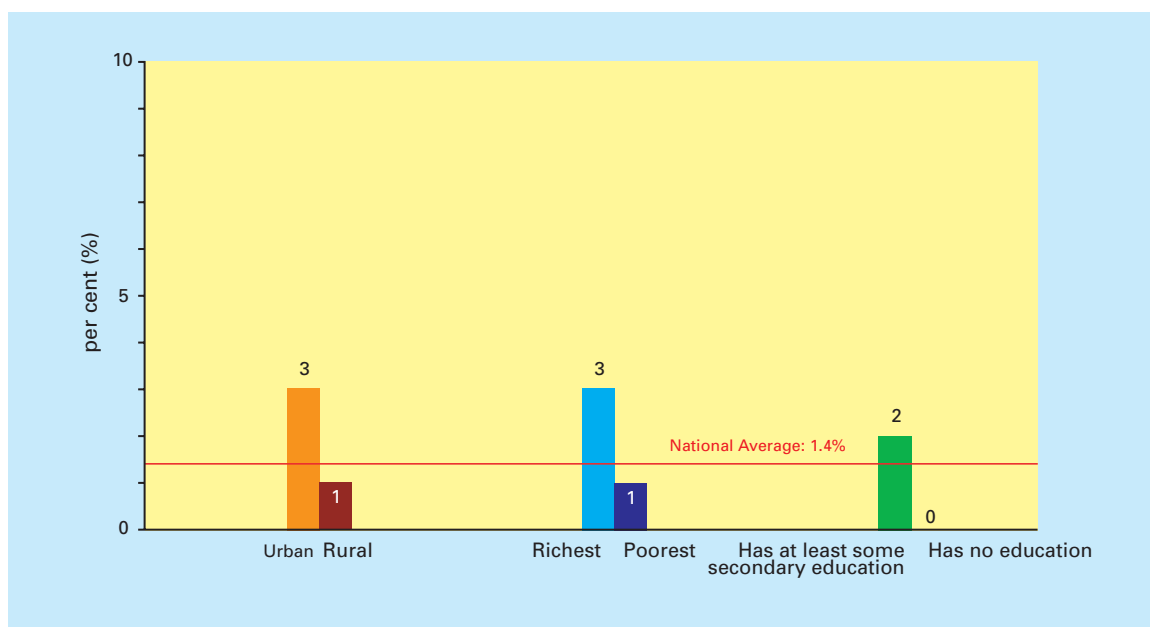




Figure 9: Condom use among women aged 15 to 49 years who are currently married or living with a partner



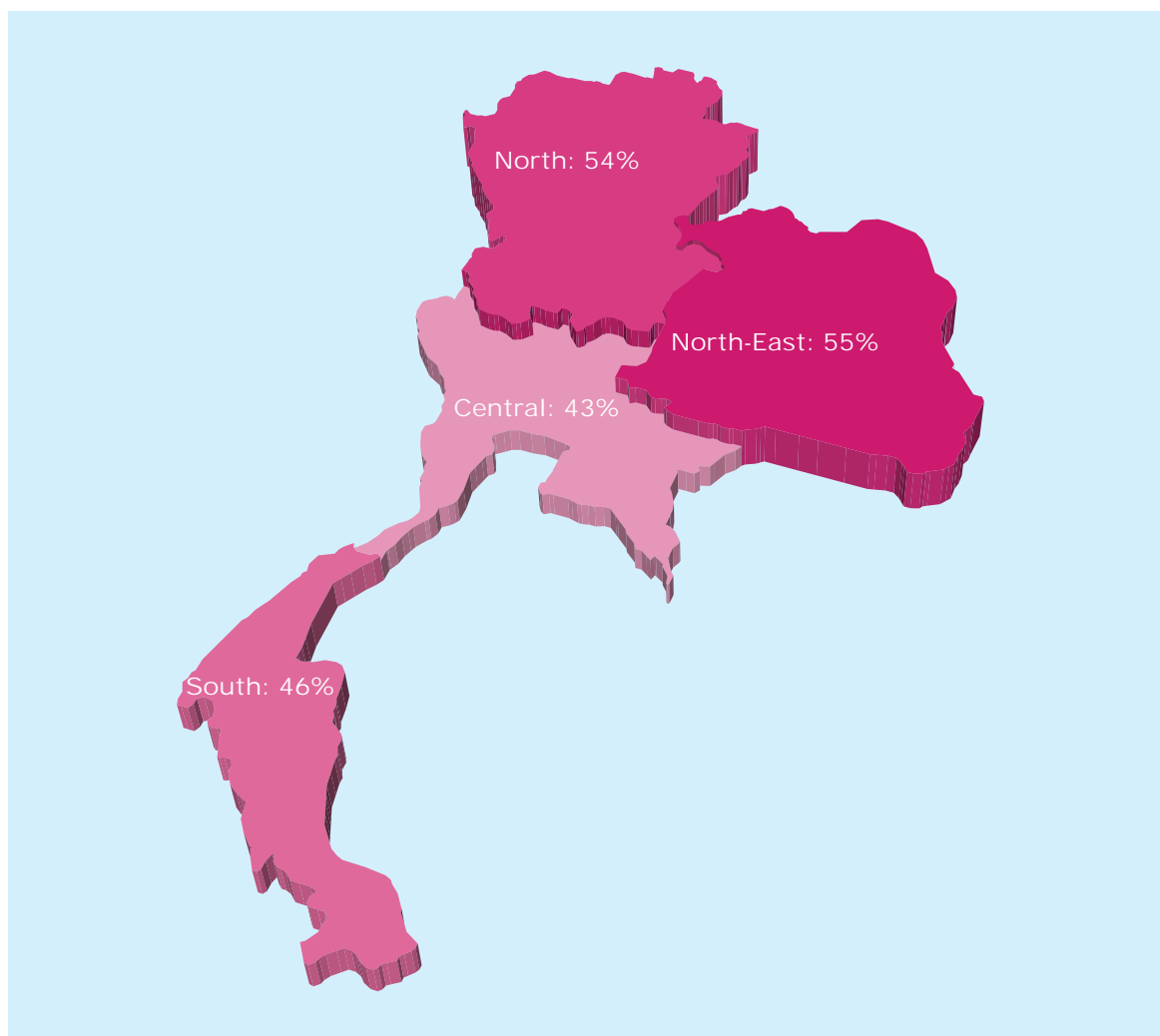
3 HIV/AIDS

Knowledge of HIV/AIDS transmission

Less than half (49 per cent) of women aged 15 to 49 years old know all three major methods of preventing HIV/AIDS transmission (being faithful to one partner, using condoms and abstaining from sex). The figure is particularly low for women with no education. Nearly one-third of them (30 per cent) do not know how to protect themselves from HIV, and 25 per cent say they have never heard of AIDS. Non-Thai speaking women are less likely to know any way to protect themselves from HIV than Thai speaking women (13 per cent versus 5 per cent).

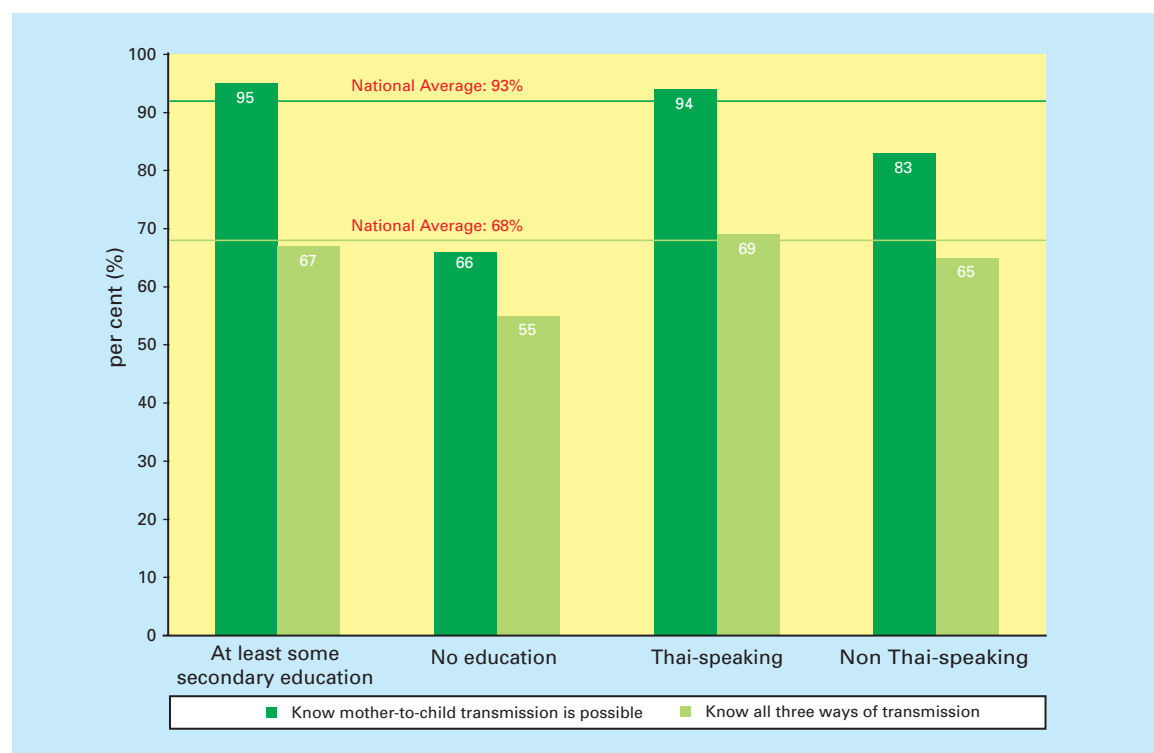
Women in the Central region and the South have less knowledge of HIV prevention transmission than women in the North and North-East. The percentage of women who know all three ways to protect themselves is 54 per cent in the North and 55 per cent in the North-East compared to 46 per cent in the South and 43 per cent in the Central region.

Map 3: Knowledge of HIV prevention methods, by region



In total, 93 per cent of women know that HIV can be transmitted from mother to child, but only 68 per cent know all three ways that this can happen. Specifically, 88 per cent know infection can occur during pregnancy, 82 per cent know it is possible through breastfeeding, and 76 per cent know that babies can be infected during delivery.

Figure 10: Knowledge of mother-to-child transmission of HIV among women aged 15–49 years



There are also significant differences in the knowledge level of HIV/AIDS depending on mother tongue and educational level. For example, 94 per cent of Thai-speakers and 95 per cent of women with at least some secondary education know that the HIV virus can be passed from mother to child. The same rate is 83 per cent for non-Thai speakers and 66 per cent for women with no education.



Some serious misconceptions about HIV/AIDS are still widely held. More than one-quarter (28 per cent) of women believe that HIV can be transmitted by mosquito bites, and a similar number (22 per cent) are not aware that a healthy looking person can be infected with HIV or that HIV cannot be transmitted by sharing food.

Table 1: Percentage of women aged 15-49 years who know that:

	HIV cannot be transmitted by:			A healthy looking person can be infected	HIV cannot be transmitted by:
	Supernatural means	Mosquito bites	Sharing food		Magic/bites AND a healthy-looking person can be infected
Education					
None	64	43	50	51	35
Primary	92	65	76	76	59
At least secondary	96	79	82	81	66
Wealth index quintiles					
Poorest	89	63	76	73	58
Richest	96	79	81	80	66
Language					
Thai-speaking	94	73	79	79	64
Non-Thai speaking	79	57	63	60	42
Total	93	72	78	78	62

Stigma and discrimination

Lack of knowledge is also a critical driving force for the continued existence of stigma and discrimination, which continue to seriously affect the lives of children and their families living with or affected by HIV/AIDS. Most respondents (65 per cent) said they would not buy food from an HIV-positive vendor; more than one-third (37 per cent) would keep a family member's HIV status secret; and only just over one-quarter (29 per cent) responded that a teacher living with HIV should be allowed to work. A worrying 79 per cent of the respondents agree with at least one of these discriminatory viewpoints. (See Figure 11 and Figure 12 on the following page.)

Figure 11: Women aged 15 to 49 years who agree with negative statements about people living with HIV/AIDS

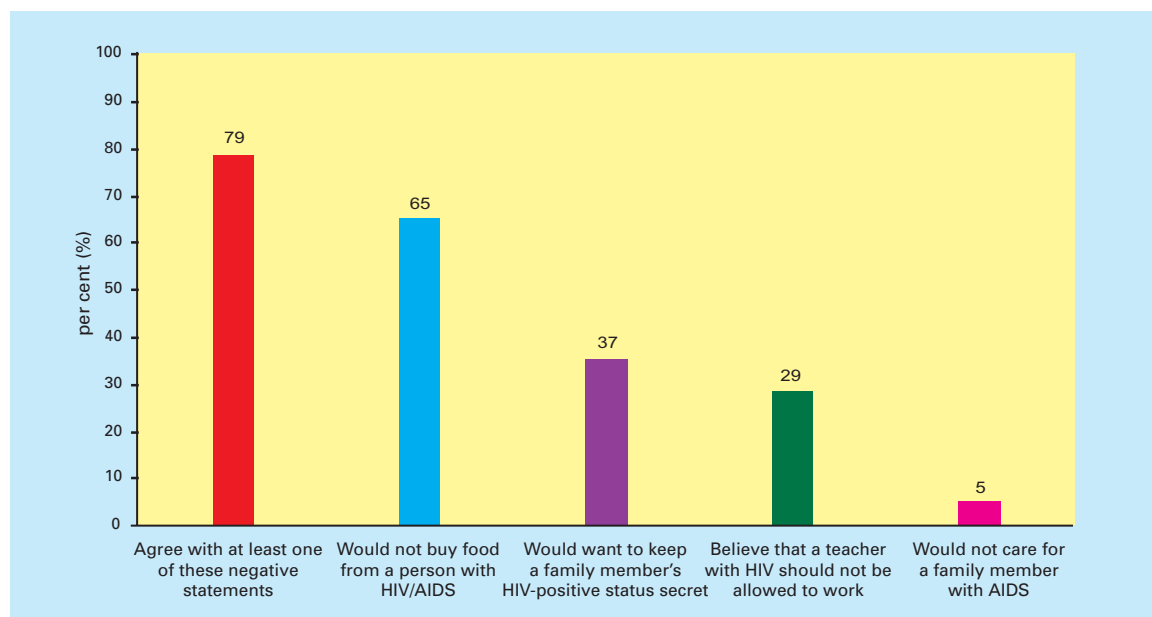
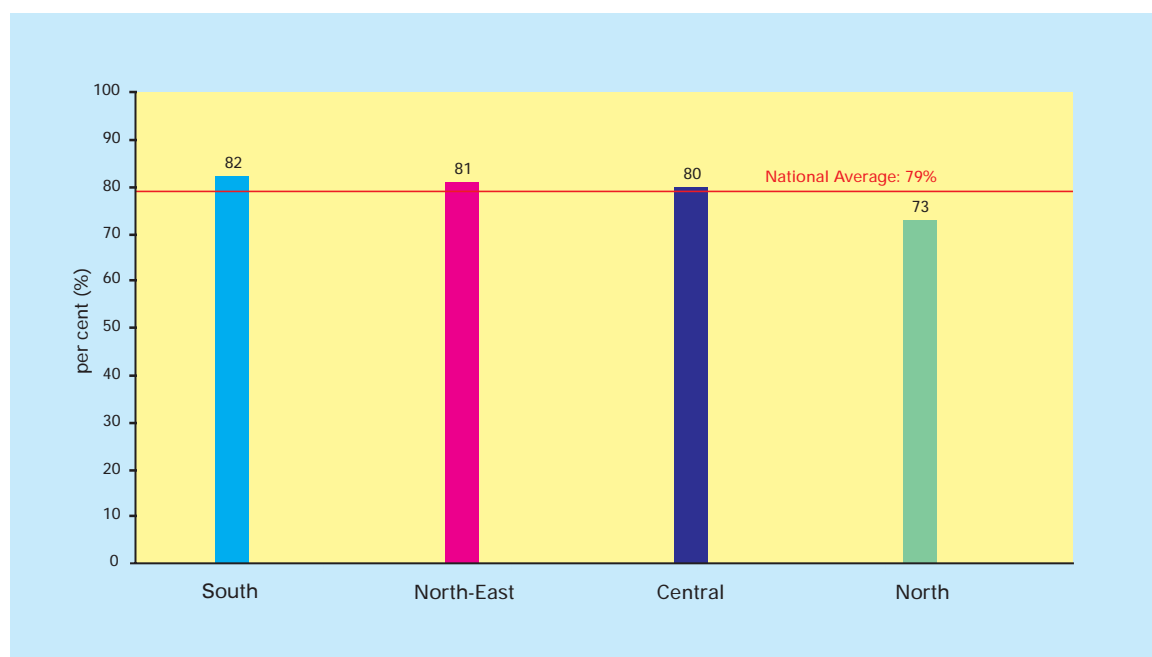


Figure 12: Women aged 15 to 49 years who agree with at least one negative statement about people living with HIV/AIDS, by region

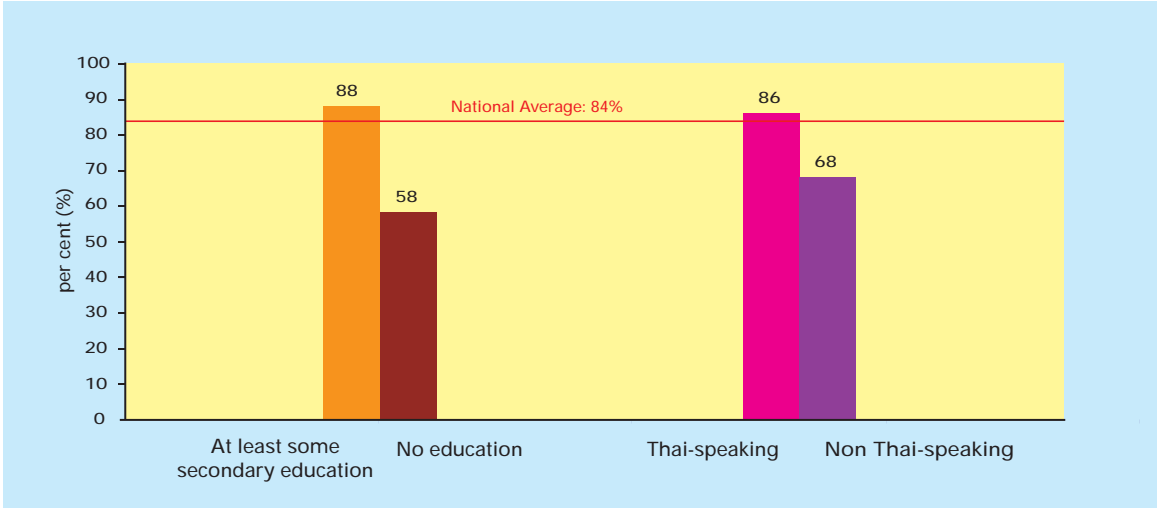


Antenatal care and HIV testing

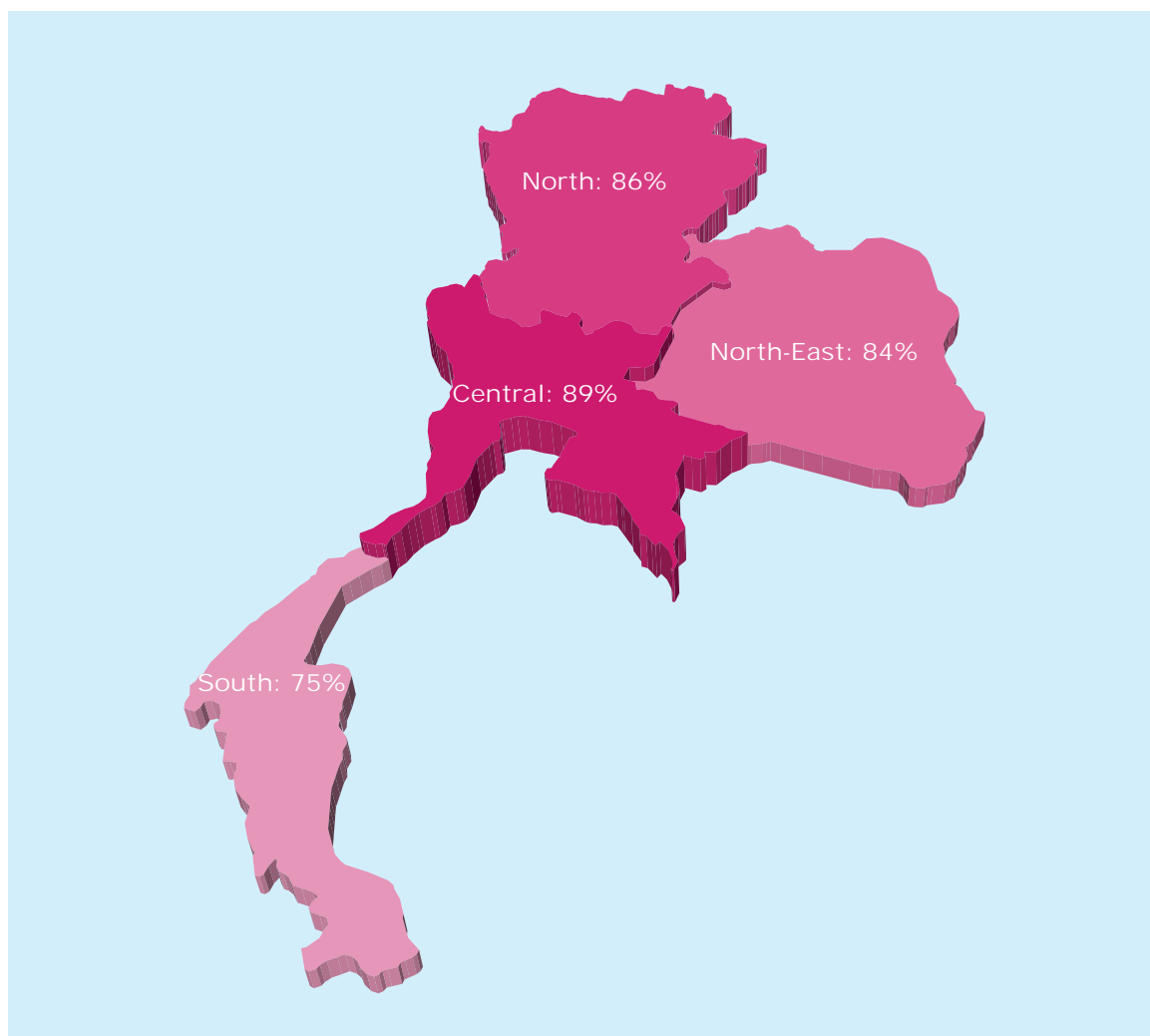
HIV testing is a critical service for pregnant women in order to prevent mother-to-child transmission of the virus. An HIV-positive mother has about a 33 per cent chance of passing on the virus to her child through delivery, but cheap and simple medical interventions for women whose HIV-positive status is known can reduce the risk significantly to 2 per cent.

Ninety-eight per cent of women 15 to 49 years old who gave birth in the last two years received antenatal care from a health professional, which is very positive. However, not all of them received counselling and information on HIV (86 per cent) or were tested for HIV (88 per cent). Of those who were tested, 16 per cent did not receive the results of the test before they gave birth – a figure that rises to 32 per cent for non-Thai speaking women and 42 per cent for women with no education.

Figure 13: Pregnant women tested for HIV who receive the results before birth, by selected indicators



Map 4: Pregnant women tested for HIV who receive the results before giving birth, by region



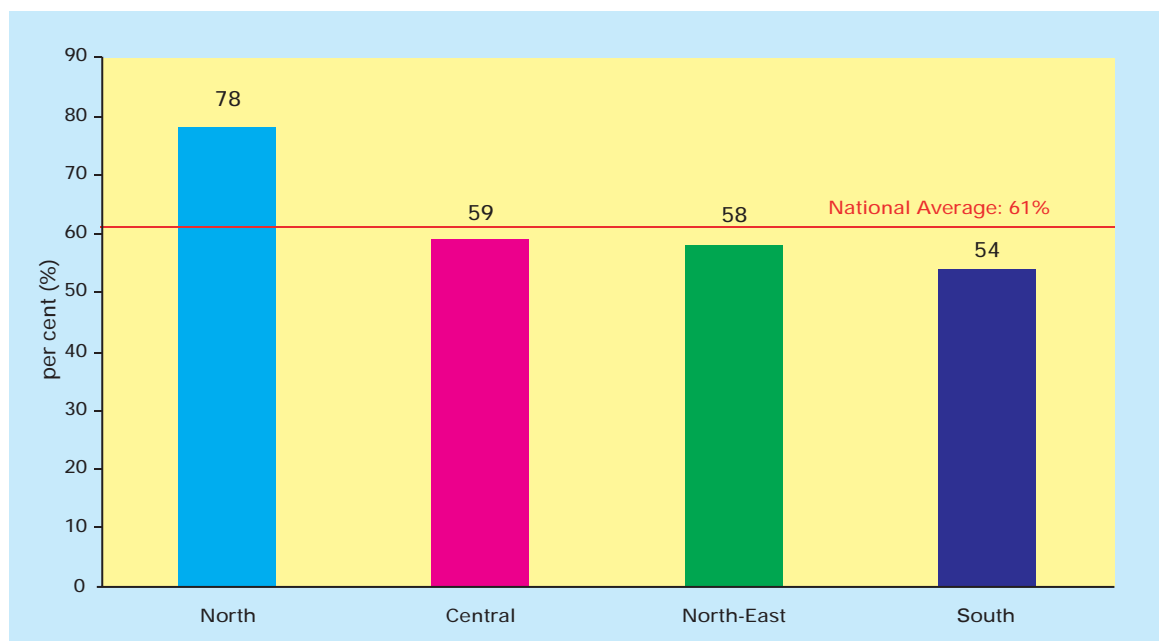
4 EDUCATION

Pre-school education

Early childhood is a time of rapid brain development and a critical period for mental, physical and emotional growth in children. Exposure to a good quality pre-school education helps children make an easier transition into the formal education system and can lead to better performance in primary school.

However, only 61 per cent of children between three to five years of age in Thailand attend any kind of early childhood education programme. Children of the very poor and non-Thai speaking households are most likely to miss out on pre-school education (55 per cent and 45 per cent attend). Across the country, children in the North are much more likely to be in pre-school (78 per cent) than children in the Central region (59 per cent), the North-East (58 per cent) and the South (54 per cent).

Figure 14: Children aged 3–5 years attending some form of early childhood education programme, by region

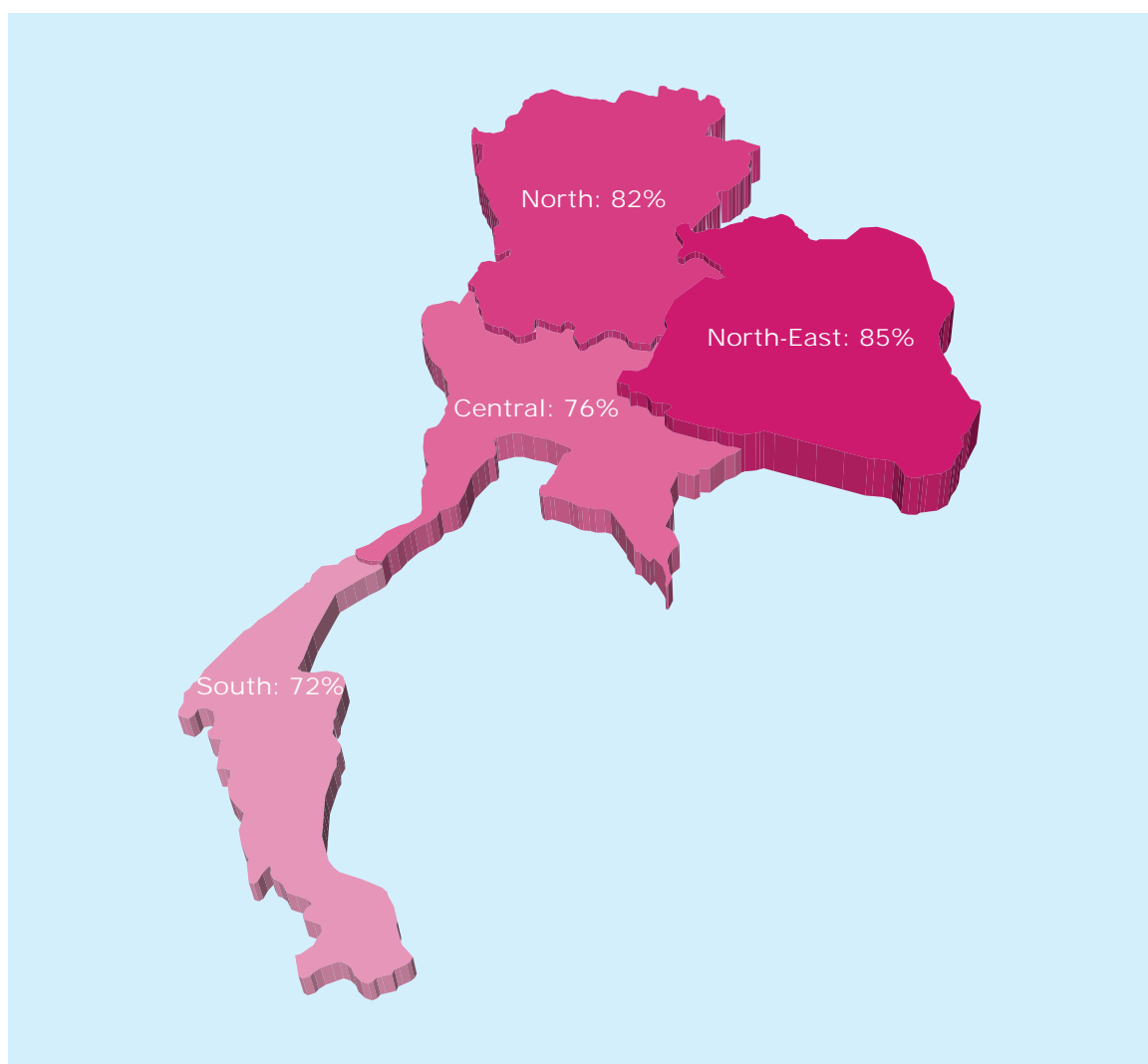


Beyond pre-school programmes, there are more general concerns about the level of stimulation given to younger children. One-third of children (32 per cent) live in a house with fewer than three non-children's books, and more than half (57 per cent) live in a house with fewer than three children's books. Playthings are an important tool for early child development, but nearly one in 10 children has nothing to play with (8 per cent).

Primary and secondary school education

Great strides have been made towards the achievement of universal primary education. Ninety-eight per cent of children between 7 and 12 years of age are attending primary school. The rate is also high for non-Thai speaking households (95 per cent). Regarding secondary education, 80 per cent of children between 13 and 18 years old are attending secondary school. This is less than the target of universal lower secondary education by 2006. Progress needs to be accelerated to achieve the Millennium Development Plus Goal of universal secondary education by 2015. Attendance rates in secondary school are highest in the North-East (85 per cent) and the North (82 per cent), and lowest in the South (72 per cent).

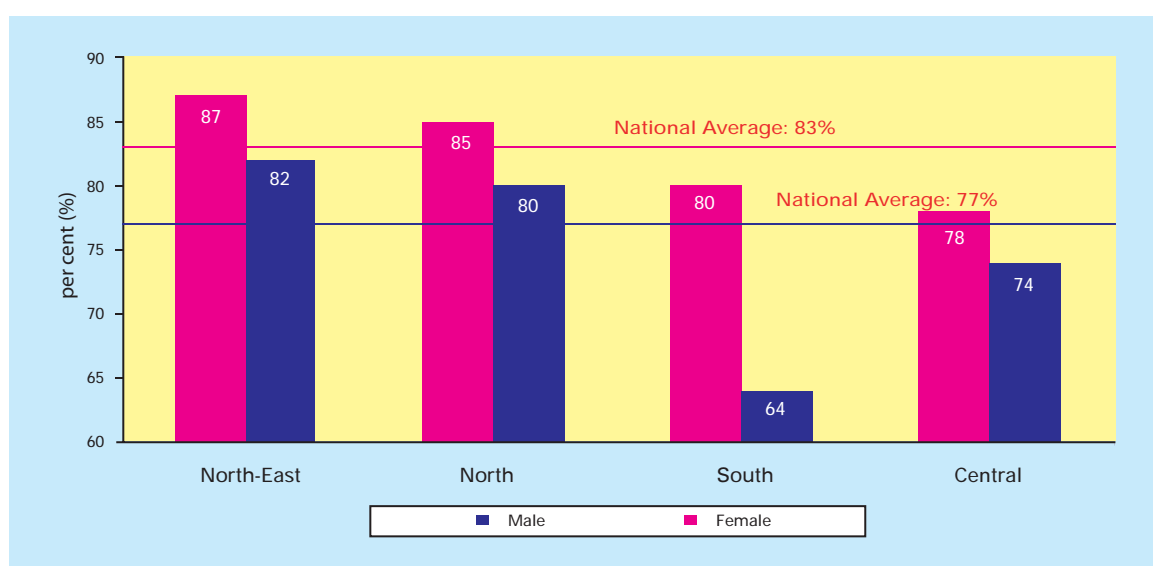
Map 5: Net attendance ratio in secondary or higher education, by region



More girls than boys are in secondary school (83 per cent versus 77 per cent), and the greatest gender imbalance is seen in the South, where 80 per cent of girls are in secondary school compared to 64 per cent of boys.

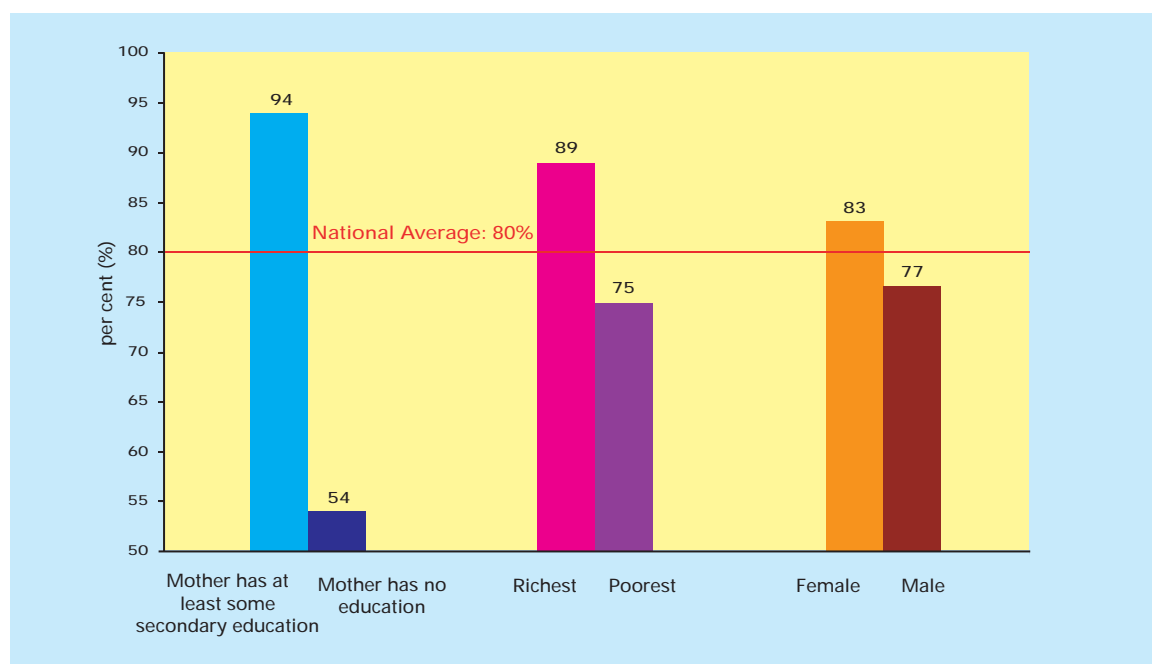


Figure 15: Boys and girls aged 13 to 18 years. in secondary or higher education, by gender and region



The likelihood of a child attending secondary school is also affected by the mother's educational level and family wealth. Only 54 per cent of children between 13 and 18 years whose mothers have no education are in secondary school, and only 75 per cent of such children in the poorest families are enrolled compared to 89 per cent of children of the richest. There is a similar difference between children in Thai and non-Thai speaking households (81 per cent versus 66 per cent).

Figure 16: Children aged 13 to 18 years in secondary school, by selected indicators

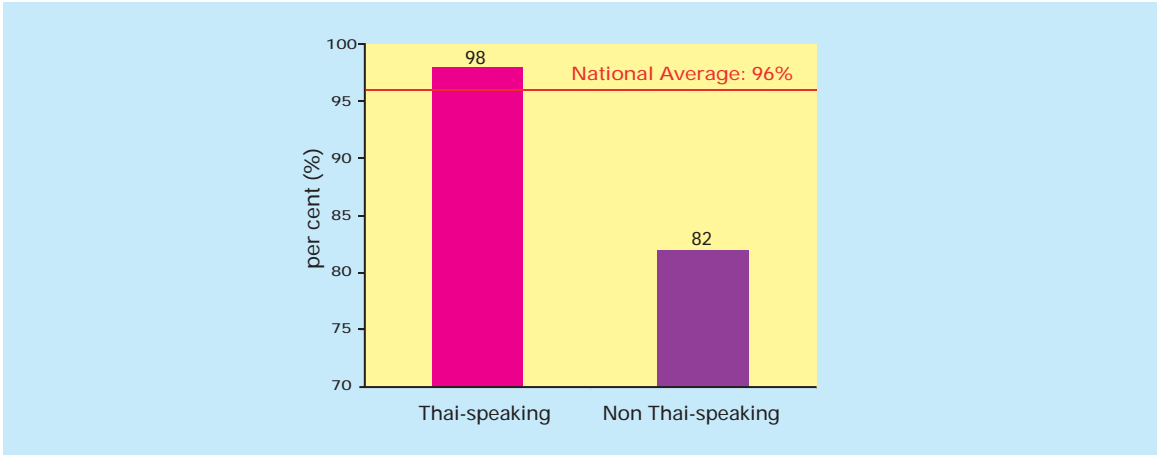


Female literacy

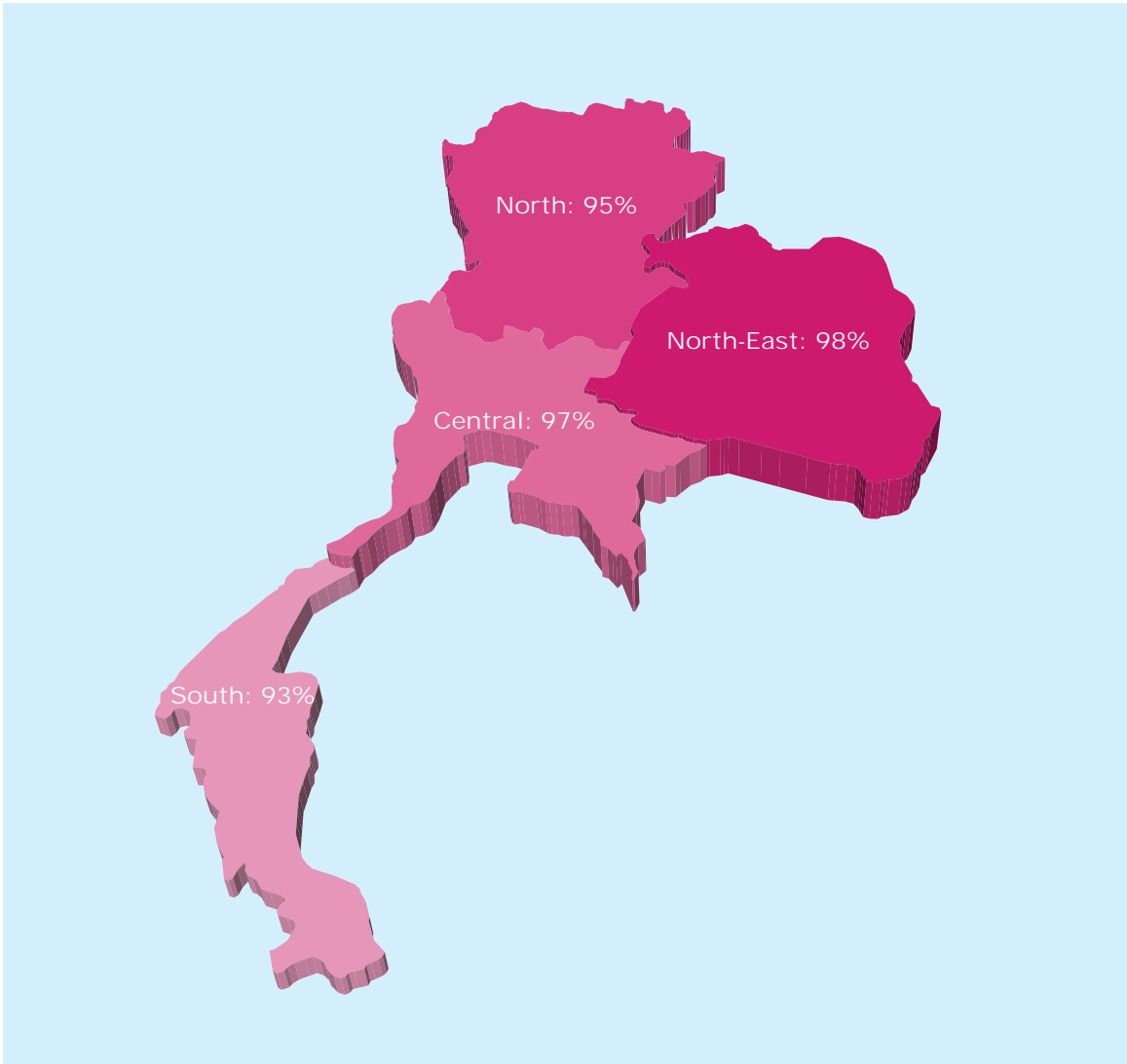
The survey indicates that 96 per cent of women aged 15 to 24 years old are literate, but there is a significant gap between Thai and non-Thai speaking women (97 per cent versus 82 per cent). The proportion of literate women from the Central region stands at 98 per cent, while the literacy rate for women in the South trails all other regions at 94 per cent.



Figure 17: Literacy rates for women aged 15 to 24 years, by language spoken



Map 6: Literacy rate of women aged 15 to 24 years, by region



5 CHILD PROTECTION

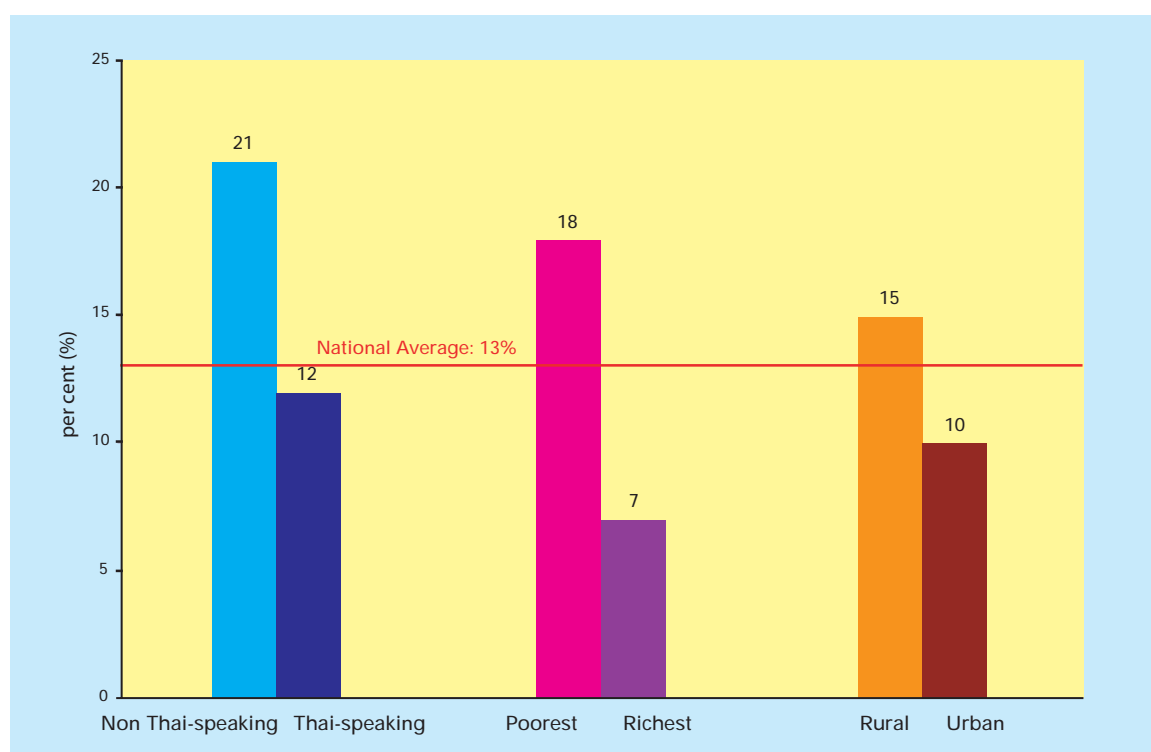
Pre-school care

Accidents are one of the leading causes of injury and death in children above one year of age. It is therefore vital that young children are properly supervised at all times. However, in the week before the MICS was conducted, more than one in ten children (13 per cent) under five years old had been left alone or in the care of other children under the age of ten. These figures were highest for children in non-Thai speaking households (21 per cent versus 12 per cent for Thai-speaking households); for rural children (15 per cent versus 10 per cent for urban children); and for the poorest children (18 per cent versus 7 per cent for the richest).

In addition, more than one-third (37 per cent) of children live without both of their parents, which is usually due to parent's marital problems or death. Such family situations are usually associated with increased risk of accidents and other forms of vulnerability for children. The poorest children are most likely to be living without their parents (44 per cent), but even among the richest households, both parents are absent for more than one in four children (27 per cent).

The situation is particularly serious in the North-East, where many parents migrate to other provinces for work. Here, 44 per cent of all children below five years of age are living without their parents compared with 39 per cent in the North, 34 per cent in the Central region and 22 per cent in the South.

Figure 18: Children under 5 years who had been left alone or in the care of other children under 10 years in the week before the survey

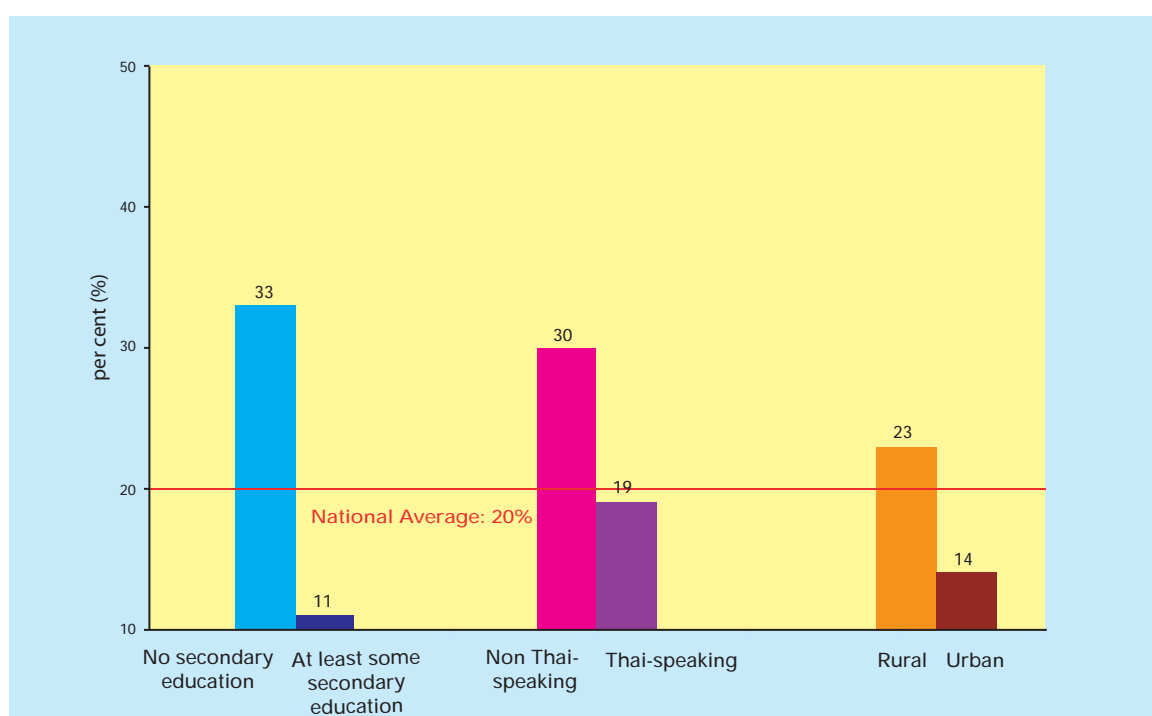


Early marriage

Women who marry at a young age, particularly while still in adolescence, are more likely to have early pregnancies and drop out of school. They also tend to have more children and an increased risk of complications or death during pregnancy and child birth.

One in five Thai girls (20 per cent) below 18 years old is married or living with a partner. Figures are higher for girls in rural areas than in urban areas (23 per cent versus 14 per cent), for those with no education than with some secondary education (33 per cent versus 11 per cent) and for non-Thai speakers than Thai speakers (30 per cent versus 19 per cent).

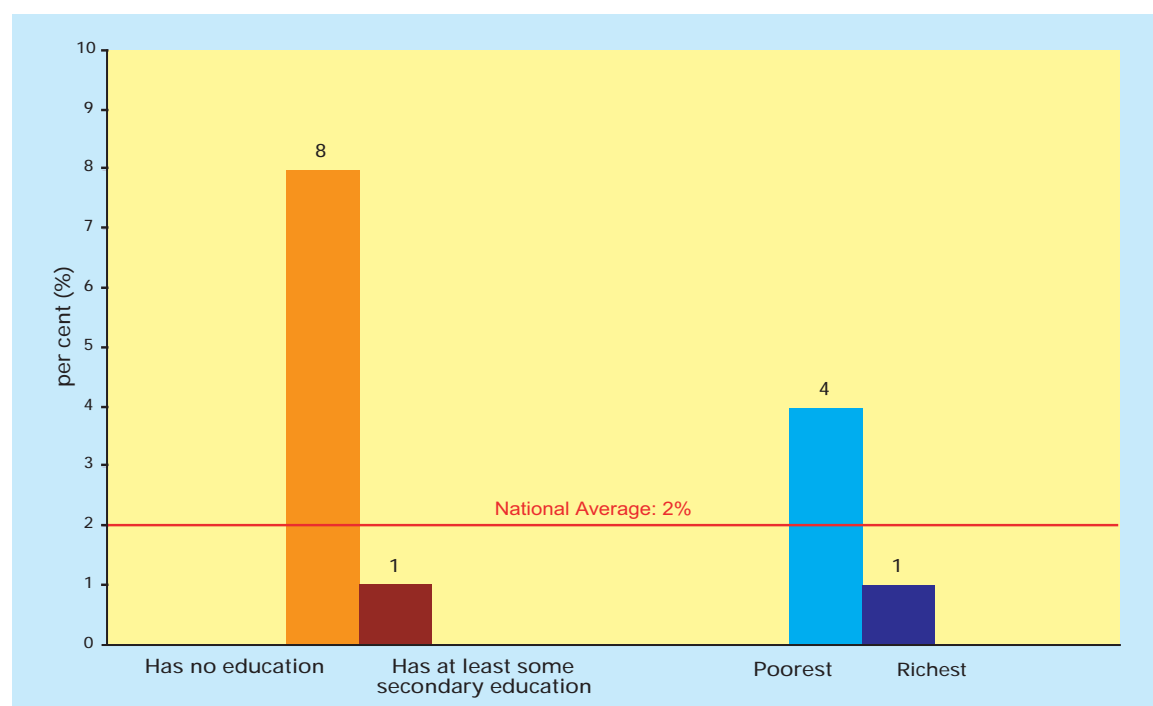
Figure 19: Girls married or living with a partner before the age of 18



There are also regional differences. More girls under 18 years are married or living with a partner in the North-East and the North (24 per cent) compared with the Central region (15 per cent).

The percentage of girls who are married or in union before 15 years of age is much lower (2 per cent), but this still represents 44,000 girls. Girls with no education are eight times more likely to get married before the age of 15 years than girls with at least some secondary education (8 per cent versus 1 per cent). This group is also the most likely to have a partner who is 10 or more years older (34 per cent compared with a national average of 15 per cent).

Figure 20: Girls married or living with a partner before age 15



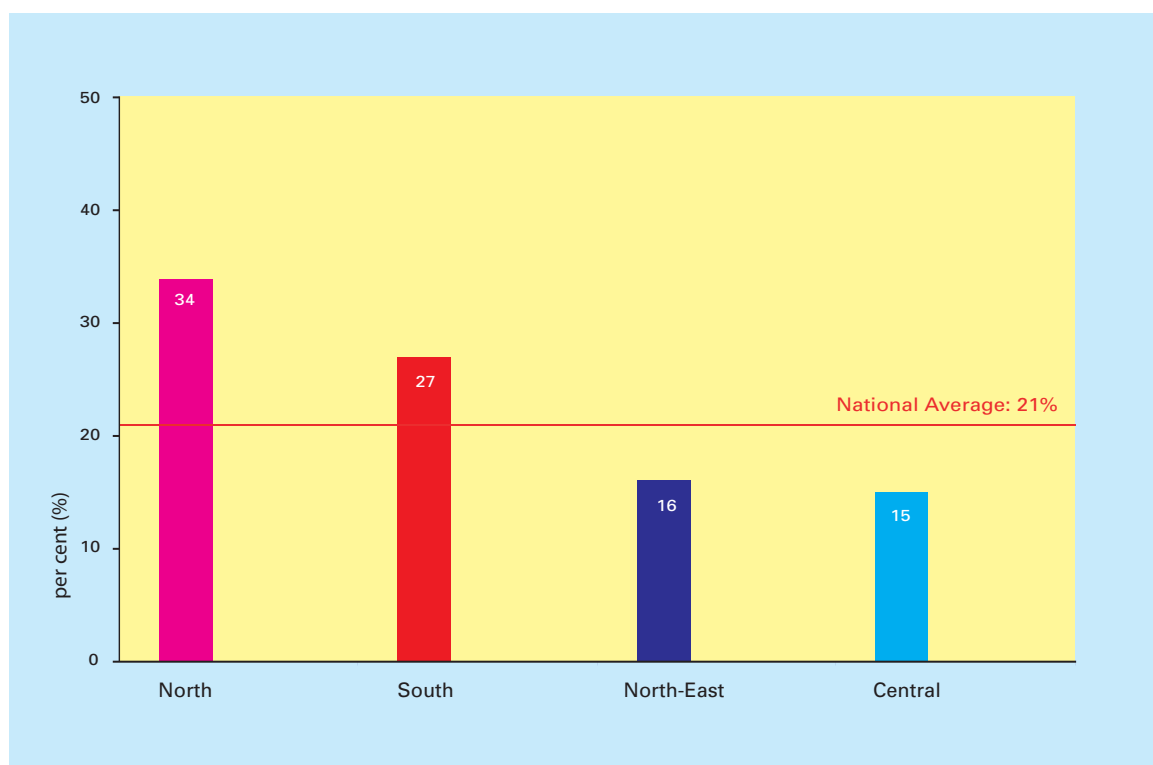
Orphans and vulnerable children

One in 20 children surveyed was an orphan, i.e. either one or both of their parents are dead. Malnutrition rates among orphaned and vulnerable children (i.e. those who live with a chronically ill adult) are higher than those for the general population. For example, 13 per cent of orphaned and vulnerable children are under weight compared to the national average of 9 per cent.

Most households with orphaned or vulnerable children receive little outside support, whether medical, psychosocial or educational. Of all such households, only 21 per cent had received assistance in the past year. Households in the North were more likely to receive support (34 per cent) than households in the South (27 per cent), the North-East (16 per cent) and the Central region (15 per cent).



Figure 21: Households with orphaned or vulnerable children that received outside support in the last year



6 ADEQUATE HOUSING

The survey indicates that 10 per cent of families in urban areas are living in slums (defined as a house with inadequate water supply, inadequate sanitation or where more than three people sleep in the same room). For the very poor, this figure doubles to 22 per cent.



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