

# CHILDREN AND YOUNG PEOPLE IN THAILAND'S SOUTHERNMOST PROVINCES: UNICEF SITUATION ANALYSIS

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**Gary Suwannarat, Ph.D.**



## ii. Methodology

This assessment relies on secondary data from government sources and published papers and a series of consultations with NGOs, local leaders, and health and education service providers and planners from the southern provinces as well as interviews with government officials and others in Bangkok and the south. Three meetings were held in Pattani, with participants from all major racial and religious groupings in the south. On October 18, local teachers, health workers, community leaders, and NGOs helped to frame the issues. Government officials from the southernmost provinces participated in a follow-up consultation on December 18, 2004.

This was immediately followed by a final consultation with government officials, local teachers, health workers, community leaders, and NGOs. The consultations drew nearly 150 participants from the five provinces.

The assessment also draws on parallel youth consultations conducted in Songkhla on behalf of UNICEF by the Asian Resource Foundation,<sup>1</sup> involving almost 1,000 youth from the same five provinces. These young people discussed their issues and needs related to education, health, poverty and unemployment, protection and HIV/AIDS.



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<sup>1</sup> The Asian Resource Foundation (ARF) is a Bangkok-based regional NGO.



# 1. INTRODUCTION

Consultations with young people, government officials and community leaders in Thailand's five southernmost provinces of Narathiwat, Yala, Pattani, Satun and Songkhla have identified a number of challenges to the full realization of the rights to growth and development of children and young people.

While children and young people in border communities and other remote areas throughout the country face similar challenges, these are intensified in the south by ongoing violence, which endangers children and their families, shuts down schools, and otherwise reduces the capacity of government, local society, and cultural institutions.

## 1.1 Areas of intervention

This report provides the background for recommendations to intensify interventions in four key areas:

- Early childhood development, including pre-natal care
- Enhanced education access
- Enhanced education quality
- Child protection

### 1.1.1 Prenatal and early childhood development

Maternal nutrition and health in the southernmost

provinces lag behind much of the rest of Thailand, contributing to higher maternal and infant mortality rates than in other southern provinces and in the country as a whole. Infants and young children are often left in the care of older relatives while both parents go to work (as is the case in much of the rest of Thailand).

As in much of the rest of the country, language and mental stimulation during the early years of childhood fall short of requirements. Child care centers in the south are frequently unable to contribute to the mental and physical development of children because of substandard sanitation, facilities and staff.

The problems are exacerbated by nutritional deficiencies and parasitic infections causing sub-optimal growth and development.

Intellectual achievement, social adjustment, self-discipline and motivation suffer as a result of a number of gaps in child nurturing.

### 1.1.2 Education access

Children whose start in life is compromised by poor nutrition, inadequate mental stimulation and parental bonds which are weakened by economic pressures then enter a school system which is quite literally under attack. The burning of schools and shooting of teachers have led to calls by teachers' associations

to shut down the school system. Violent unrest makes it difficult to retain quality teaching staff. Some children whose families can afford to send them elsewhere now attend schools in Bangkok and Hat Yai.

As successive governments have extended the duration of compulsory education to nine years, concerns have grown among the Islamic community that the time allowed for Islamic training of Muslim children is inadequate to prepare them for their social and religious roles in Muslim communities. Addressing these concerns, while upgrading the quality of education in both secular and religious schools throughout the region, involves a delicate balancing act.

School participation tends to fall as children get older, with 95 per cent participation among children aged between five and nine, 63 per cent among those aged 15-19 and 57 per cent among rural boys in general. At all ages, in both rural and urban areas, girls are more likely to be at school than boys. Young people themselves, however, perceive opportunities for further education and employment to be greater for males than for females. For over those over 15, more males than females have a job.<sup>2</sup>

### 1.1.3 Education quality

School achievement in Thai language skills among upper-secondary students in the border provinces falls as much as 15 per cent below the national average, and this disparity carries over to other competencies, including math and analytical skills. This statistic is especially disturbing because almost 40 per cent of young people have already left school by this age. Their skills are not included in these results, and must be presumed to be as bad, or even worse.<sup>3</sup>

Language differences, conflict-related irregular school schedules and the perception among young people themselves that schooling does not lead to tangible benefits in terms of jobs and wages appear to be factors contributing to low achievement.

### 1.1.4 Child protection and participation

Protection issues include the problems of birth registration, domestic violence, trafficking and prostitution, irregular enforcement of labour and wage protections, and a lack of measures ensuring the legal rights of those accused of breaking the law. Creating a public dialogue on many of these issues can be complicated by cultural constraints on the discussion of forms of behaviour which are deemed inconsistent with Muslim norms.

Opportunities for participation in decision making are also constrained by cultural practices, which devalue the contributions of younger family members. Opportunities to enhance participation in school and other settings (e.g. through leadership-skills training, opportunities to engage with students from other cultural traditions) remain limited, particularly for those from rural areas. As a result of these limitations and their weak Thai language skills, many Muslim university students in both the south and Bangkok are frustrated by their inability to engage in public discussions with their non-Muslim peers about the issues which affect their lives.

### 1.1.5 Building trust

The ongoing conflict in the south, which threatens and complicates the lives of children and young people, raises a range of survival, development,

<sup>2</sup> NSO, 2003. *Structure of Buddhist and Muslim Population, Yala, Pattani and Narathiwat.*

<sup>3</sup> OFFICE OF SCHOOL ASSESSMENT, reported in NESDB *Interim 9<sup>th</sup> Plan Assessment.*





protection and participation issues which urgently need to be addressed as Thailand continues its efforts to achieve its commitment to the UN Millennium Declaration and its Goals. Developing trust between program staff and communities through non-controversial initiatives, perhaps initially through

water and sanitation improvements and cooperation with the Ministry of Education to enhance facilities and curricula at newly-registered *pondoks*, would increase the likelihood of success as programming moves to progressively more complex goals.

### Government development goals: Status and targets<sup>4</sup>

	Current Status			Border Province Target
	Border Provinces	South	National	
Government Goals				
Years of schooling	6.2	7.1		9
M1 transition	88	92	91.2	92
Infant mortality (IMR)	10.6	6.6	6.52	≤ 6.6
Maternal mortality (MMR)	35.9	19.9	Goal: 18	≤19.9
Health insurance coverage (30-Baht scheme)	95	90 <sup>5</sup>	94 <sup>6</sup>	95; Achieved 2003



<sup>4</sup> *Loc cit.*

<sup>5</sup> NESDB, Mid-9<sup>th</sup> Plan Assessment, July 2004, Table 30.

<sup>6</sup> *Loc cit.*



# 2.

## OVERVIEW OF THE SOUTH OF THAILAND CONTEXT

This UNICEF special situation analysis is a follow-up to the national situation analysis completed in 2005. It was viewed as essential to develop a clear understanding of the challenges facing children and young people in southern Thailand, where UNICEF has worked on issues from water and sanitation to integrated early childhood development to protecting the rights of children.

### 2.1 Unrest in the south

In January 2004, a challenging period started for the people of the south, for government officials and for external agencies trying to assist the government and the region to achieve greater development. Over two decades of relative quiet in the region ended, with attacks on police posts, schools, and military facilities. The violence culminated on April 28, 2004, as security forces fought coordinated attacks in several of the provinces, followed by another incident on October 25, 2004 in Tak Bai, Narathiwat province. In both incidents many people lost their lives.

In 2004 only, the death toll in the south exceeded 500, including some 400 Muslims and over 100 government officials. Other Muslims are believed to have disappeared during the past year. There appears little chance of a speedy resolution to the crisis.

#### 2.1.1 The origins of the violence

The origins of the violence lie in the complex historical relations between a largely Buddhist nation and its predominately Muslim southern provinces. Resentment has been building for many years over the fact that economic and other development indicators in the south are significantly below the national average.

Furthermore, there is a perceived disregard by the government for local people, culture, and opinions and also a perceived discrimination by the majority Buddhist population against the predominantly Muslim population in the far south. Changes within the nature of Islam itself may also be influencing the situation.

### 2.2 Structure of the population

This assessment of the situation of children, young people and women in southern Thailand focuses on five provinces: the Muslim-majority provinces of Narathiwat, Pattani, and Yala (home to nearly 1.4 million Muslims and some 370,000 Thai Buddhists, as shown in the following population table), plus the provinces of Satun, also predominantly Muslim, and Songkhla, where some districts are also largely Muslim. Although Muslims form a minority of the Songkhla provincial population, they constitute a

much larger proportion of populations of the districts of Chana, Thepa, Ranode, and Padang Besar.

The five provinces account for just 5 per cent of the total Thai population, but over 65 per cent of Thailand's Muslim population. The population lives largely in rural areas (ranging from a high of 84 per cent of the population in Satun, to a low of 68 per cent in Songkhla). Rubber, fruit and rice are principal sources of income.

## 2.3 Historical context of the south

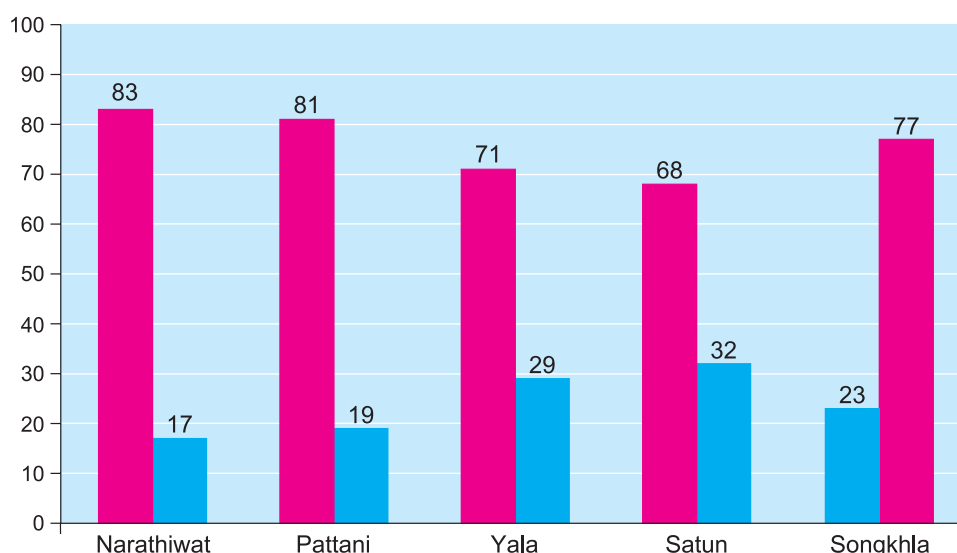
### 2.3.1 A brief history of the region<sup>7</sup>

#### *The Kingdom of Pattani*

The three southernmost provinces of Yala, Pattani and Narathiwat were once part of the independent Malay Muslim kingdom of Pattani. A center of Islamic learning and commerce Pattani was attacked and defeated by Prince Surasi, the younger brother of King Rama I, in 1786.

#### *Rule from Bangkok*

Uprisings in 1791 and 1808 resulted in Pattani's break-up into seven provinces ruled under the Raja of Songkhla. The hopes of Malay Muslim sultans that British presence in the Malay peninsula would



Source: NSO. 2003. Survey of the Structure of Muslim and Buddhist Population in Yala, Pattani and Narathiwat.

NSO. 2000. Population and Housing Census.

<sup>7</sup> PITSUWAN, S., June 1982, [Islam and Malay Nationalism: a Case Study of the Malay-Muslims of Southern Thailand](#), Harvard University Ph.D. thesis, Cambridge, MA, p. 29-31

restore their territory to them were not fulfilled. Reforms instituted by King Rama V in 1902 replaced indigenous Malay sultans with Bangkok-appointed bureaucrats. Raja Abdul Kadir of Pattani again petitioned for British intervention on behalf of the Malay sultanates; Britain demurred, in favor of maintaining good relations with Siam—and, in 1909, the Siamese agreed to cede the Northern Malay states of Kedah, Kelantan, Trengganu and Perlis to Great Britain.

The 1902 reforms transformed the Malay areas of southern Thailand from dependencies into provinces, revising tax collection in favor of Siam, replacing the former Malay nobility with Bangkok-appointed administrators,<sup>8</sup> imposing Thai law, and later, Thai language education. The local population perceived the situation as equivalent to colonization.<sup>9</sup> Education emerged as a critical issue in the tension between Bangkok and the southern border provinces with the Compulsory Education Act of 1921, based on a Bangkok policy of “siamization” which stipulated primary education in the Thai language.

Following the end of the World War II, Malay efforts failed to enlist British cooperation in punishing a defeated Thailand (which had officially sided with Japan) by pushing Thailand's southern boundary north, and Pattani was left under Thai control.

Post World War II relations between Bangkok and southern Thai provinces saw continuing hostilities, abating only in the 1980s. The improvement in relations is attributed to the 66/2523 policy of the Prem Tinsulanonda administration, which helped end communist infiltration in Thailand. Greater stability marked the two post-Prem decades, although they were punctuated by sporadic violence.

### *New Muslim orthodoxy*

Consistent with trends elsewhere in the Islamic world, southern Thailand has seen the emergence of a new Muslim orthodoxy, manifested, for example, by the wearing of headscarves by women.<sup>10</sup> Local practices, such as *wayang kulit* (shadow puppet theatre), several kinds of traditional dance drama and burial rites, are in decline as the “good Muslim” is redefined along lines influenced by urban elite scholars returning from university study in Islamic centers in the Middle East and elsewhere.

### *The region today*

Today, over one-hundred years after King Rama V extended central Thai control over the southern provinces, the concerns of the Thai Malay population remain unchanged. These include issues of political and administrative control, legal issues, religion, language, culture, and other traditions, as well as the perceived outflow of development benefits to investors and businessmen outside the area.

<sup>8</sup> Only Buddhists were appointed to government posts in the South; Muslims aspiring to such posts were encouraged to take Thai names, as were Chinese throughout Thailand. Thai laws undermined *sharia* and *adat* of the Malay Muslims. The subsequent administration of Marshal Phibun Songkhram (1938-1944) overtly persecuted Chinese, Malays and Europeans.

<sup>9</sup> PITSUWAN, *op.cit.* p. 35-38.

<sup>10</sup> SATHA-ANAND, CHAIWAT, 1994, Hijab and movements of legitimization: Islamic resurgence in Thai society in Charles F. Keyes, ed. *Asian Vision of Authority: Religion and the Modern States of East and Southeast Asia*, Honolulu: University of Hawaii Press.

The 80 per cent majority Muslim border provinces are administered by a civil service which is 70 per cent Thai Buddhist.<sup>11</sup> The perception of people consulted in the course of this review is that Muslims from the three provinces are limited to lower-level civil service positions.

Government statements indicate concern that opposition elements aim to establish a separate state in the south, or to become part of Malaysia. Historically, the Pattani Liberation Organization (PULO) has taken an irredentist position (acknowledging Bangkok's historical relation to the south, but not its political authority). The influence of the PULO is believed to have declined over recent decades. While it is beyond the scope of this analysis to investigate the exact nature of the current conflict, some scholars argue that the acceleration and changing nature of violence in 2004 suggest that new forces are driving unrest.<sup>12</sup>

## 2.4 Social and political context

### 2.4.1 Social structure

#### *Overview of the communities in the southern provinces*

The southern provinces are heavily rural and agricultural: Songkhla, where 32 per cent of the population lives in urban areas, is closer to the national average of 31 per cent than other provinces (Satun 16 per cent; Narathiwat, 25 per cent; Pattani 20 per cent; and Yala, 27 per cent).<sup>13</sup> Most communities are organized along ethnic lines; in mixed Muslim-Buddhist communities, Muslim households are often clustered around the mosque, while Buddhist communities are near the temple.<sup>14</sup> Satun province is characterized by more mixed communities and a higher proportion of the Muslim

population speaking Thai. Muslim-Buddhist intermarriage is relatively common in Satun, but less common in the provinces of Narathiwat, Pattani, and Yala. Intermarriage generally involves the conversion of one partner in the marriage, usually the Buddhist converting to Islam.<sup>15</sup> Polygamy is still practiced, although less commonly than in the past. Patrilocal residence is the norm, although that too is changing as nuclear families become somewhat more common. Arranged marriage is reported.<sup>16</sup>

#### *Muslim communities*

Muslim communities have been characterized by more extended social networks, distinguishing them from Buddhist communities. Friday holy days involve congregational worship, often followed by a discussion of current topics, including politics, elections, and candidates. Mosque-based societies (as well as Muslim societies in general) tend to rely significantly more upon personal contacts for political

<sup>11</sup> Population and civil service figures from NSO, *Structure of Buddhist and Muslim Population, Yala, Pattani and Narathiwat* 2003. The issue of indigenizing the civil service was one of seven points included by Haji Sulong to the Government in 1947; he was later imprisoned and, following release from prison, disappeared with his eldest son. (See Surin, *op cit*, for an account).

<sup>12</sup> JITPIROMSRI, S. and SOPHONDWASU, P., 2005. Quandary of Southern conflict: structural or ideological accounts?, presented at *9th International Thai Studies Conference*, April 3-6, 2005.

<sup>13</sup> The 2000 Population and Housing Census, table 1.

<sup>14</sup> DORAIRAJOO, S [year unknown] *Thai-icizing the Malays: A Local Response to an Environmental Crisis*, [online]. Available from: [http://www.aa.tufs.ac.jp/~rnishii/South\\_Thai/working\\_paper/dorairajoo001.html](http://www.aa.tufs.ac.jp/~rnishii/South_Thai/working_paper/dorairajoo001.html) [Accessed June 15 2005]

<sup>15</sup> NISHII, R. [year unknown] *A Way of Negotiating with the Other within the Self: Muslim's acknowledgment of Buddhist ancestors in southern Thailand*, [online]. Available from: [http://www.aa.tufs.ac.jp/~rnishii/South\\_Thai/working\\_paper/nishii001.html](http://www.aa.tufs.ac.jp/~rnishii/South_Thai/working_paper/nishii001.html) [Accessed June 15, 2005]

<sup>16</sup> AMPORN, M, March 1, 2005, personal communication.



information, as opposed to television, for example, which is a far more common source of information for Buddhist communities.<sup>17</sup> Participants in PSU consultations indicated that personal contacts and religious leaders played essential roles in facilitating communication about issues related to the health, development, participation and protection of children and young people.

Although most southern Muslims would say they are good Muslims, there is no single accepted definition of what a good Muslim is. Lengthy and expensive funeral ceremonies are frowned upon, as are indigenous cultural shows. The head scarf is promoted, sometimes worn in contrast to form-fitting jeans and spandex shirts. These visible manifestations of change reflect a complex mixture of progressive and traditional elements of Islamic thought and practice.

The importance of religion in the daily lives of Muslims has implications for education and health. Scholars of the south note a requirement for children to receive religious instruction in order to carry out religious and social roles consistent with Islam. This is at least partly responsible for the major shift (discussed in a later section of this report) from Thai government schools to religious schools and *pondoks* when girls and boys reach lower secondary age. The discussion of socially sensitive health issues, such as drug abuse and sexuality, is culturally constrained (as discussed in later sections). Muslim women are particularly reluctant to have male physicians conduct gynecological examinations or deliver their children, imposing limitations on access to services.

## 2.4.2 Buddhist-Muslim relations in southern Thailand

Although it is sometimes said that Buddhists live predominantly in provincial capitals, census figures do not bear this out: about half of all Buddhists live outside municipal areas in those provinces for which information is available.<sup>18</sup> Buddhists do dominate the civil service in the southernmost provinces, however, and play a large role in commerce.

Despite some tensions in the historical relations between Muslims and Buddhists, the two cultures have been largely accommodating to each other. During PSU consultations, concerns were raised in side discussions that poor rural Buddhist students face greater difficulty in obtaining scholarships for further study than Muslim students. Other sources have rejected this argument, illustrating the need for greater public information about programs and ensuring that impoverished students of all backgrounds have access to information and resources to achieve their needs. Others have observed that the Buddhist community views the government as favoring the Muslim population.<sup>19</sup>

Buddhist reactions to the current wave of violence include families sending children to schools outside the region, while parents continue to work in the southern provinces. Some families have reportedly sold businesses and relocated elsewhere in Thailand.

Among some respondents, university students from *pondok* schools were perceived to remain socially

<sup>17</sup> ALBRITTON, R.B. Interpreting the conflict in southern Thailand. undated manuscript, p. 10.

<sup>18</sup> NSO (Thailand), 2003. *Survey of the Structure of Buddhist and Muslim Population*. Narathiwat, Yala, and Pattani, Table 1.

<sup>19</sup> ALBRITTON, R. B., 2004. Thailand in 2004: 'Crisis in the South' *Asian Survey* 45 (1)





apart from other students, although no barrier was perceived between those educated in mixed Muslim and Buddhist settings in government and private schools.

Cultural differences notwithstanding, Buddhist NGOs working with Muslim communities to address environmental concerns have developed excellent relations earned respect. The perception among Muslims is that the NGOs are sincere in their desire to address their needs, and sensitive to Muslim traditions, whereas government officials are not.<sup>20</sup>

### 2.4.3 The impact of ongoing unrest on communities

Over 150 young people under the age of 18 were reported by the Thai Senate Fact-finding Mission to have been among the 1,300 transported from Tak Bai to Inkayuthaborihan Military Camp in Pattani.<sup>21</sup>

Violence has left many children and women bereft of a father, husband, and bread-winner (nearly 11 per cent of women in the south are widows, although not all have been widowed by violence).<sup>22</sup> The impact on the poverty, physical and psychological health of these families is not clear. Resources addressing their needs have been limited to government payments of 20,000 baht to families of those who died after the Tak Bai incident. Although local communities and Imams provide spiritual and emotional support, communities have no financial resources available to support the relatives.<sup>23</sup>

Hard-line crackdowns are said to increase popular support among both young people and the Muslim public for anti-government groups.

Violence, which had led to isolated school disruptions, resulted in the decision in late 2004 by Teachers' Associations to close all border province

schools. Although some have remained open, attacks on teachers and schools impede learning. Health care providers are reluctant to take postings in the south. The communal arrangements of the mosques of southern Thailand, where each Friday there is not only a congregational worship, but often also a discussion of subjects of topical interest,<sup>24</sup> could provide ideal forums for the distribution of messages about child health and development, parenting, the changes involved in adolescence and their implications for parents and young people, as well as the danger of HIV/AIDS and the risks of drug-taking. The legalization of *pondoks* in 2004 also facilitates greater engagement through the *tok guru* (headmasters) who oversee these Islamic institutions.

### 2.4.4 Governmental structure

The concept of appointed provincial governors as CEOs is part of an ongoing effort to devolve budgets and decision-making authority to the local level, decentralizing planning and budgetary authority. However, the program is still in its initial stages and benefits have yet to be seen.

<sup>20</sup> DORAIRAJOO, S. *Thai-icizing the Malays: A local response to an environmental crisis* [online]. Available from: [http://www.aa.tufts.ac.jp/~rnishii/South\\_Thai/working\\_paper/dorairajoo001.html](http://www.aa.tufts.ac.jp/~rnishii/South_Thai/working_paper/dorairajoo001.html) [Accessed June 15, 2005]

<sup>21</sup> Sen. CHIRMSAK PINTHONG, 2004, *The Truth on Takbai Incident: Inhumane and Unlawful*, undated photocopy circulated at the Foreign Correspondents Club of Thailand mentions young people were captured; Senator Kraissak Choonhavan, speaking at that meeting, reported that 150 under the age of 18 were detained and shipped to the military camp.

<sup>22</sup> NSO, *Report of 2003 Reproductive Health Survey in the Southern Region of Thailand*.

<sup>23</sup> ARIN SRI-ADI, Nov. 17, 2004, personal communication.

<sup>24</sup> ALBRITTON, R.B, *Support for Militant Islam in Southern Thailand*, undated manuscript prepared for presentation at the Ninth International Thai Studies Conference, April 3-6, 2005, p.10.



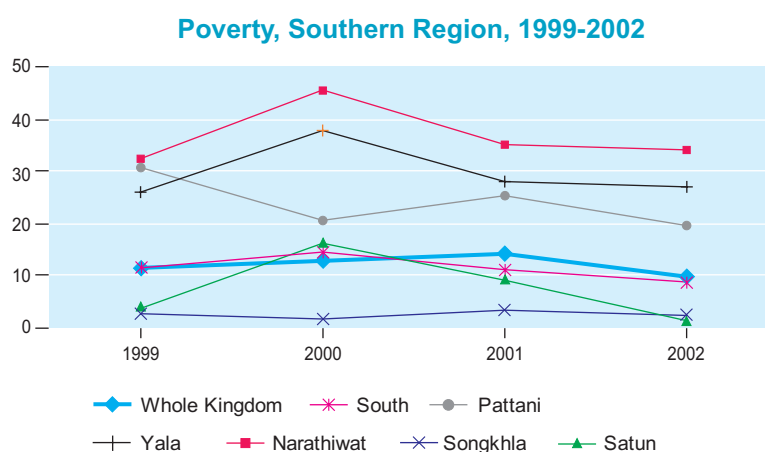
Governors themselves argue that they have not been given enough authority to carry out their responsibilities. Tambon Administrative Organizations (TAO) control some 22.5 per cent of national government expenditure and are expected to control 35 per cent by 2006. Nevertheless the allocation of funds to areas of social development needs to be prioritized. Competition between the unelected Small, Medium and Large Enterprise councils and CEO governors poses obstacles to decentralization of democratic government.<sup>25</sup>

Sporadic unrest has for some time constrained the effectiveness of government in the south. Capacities in the south for monitoring and effectively addressing issues of basic health, maternal health, child development and growth, and child protection face greater limitations than elsewhere in Thailand.

## 2.5 Social and economic context<sup>26</sup>

### 2.5.1 Poverty in the south of Thailand

Thailand's three southernmost provinces of Narathiwat, Yala and Pattani rank among the 20 poorest in Thailand (with poverty rates in 2002 of 34 per cent, 27 per cent and 20 per cent, respectively).<sup>27</sup> Over the past five years, Yala has seen no improvement and poverty actually worsened in Narathiwat, where the average income of just over 1,200 baht per month is at the US\$1/day poverty line. Assuming that much of this income accrues to businesses in the district towns and provincial capital, very large numbers of the near 700,000 Narathiwat population are likely to live on less than US\$1 per day. On a range of issues, from infant mortality to employment, the south underperforms the rest of the country.



<sup>25</sup> ALBRITTON, R. B., 2004. Thailand in 2004: the 'Crisis in the South' *Asian Survey* 45 (1), P.7

<sup>26</sup> Data and graphics in this section are drawn from NESDB, 2004 *Rai ngan ditdam polgarpatana nairaya krungpan patina chabab ti9 radab paak*, office of the National Social and Economic Development Board, June 2004 except as otherwise noted.

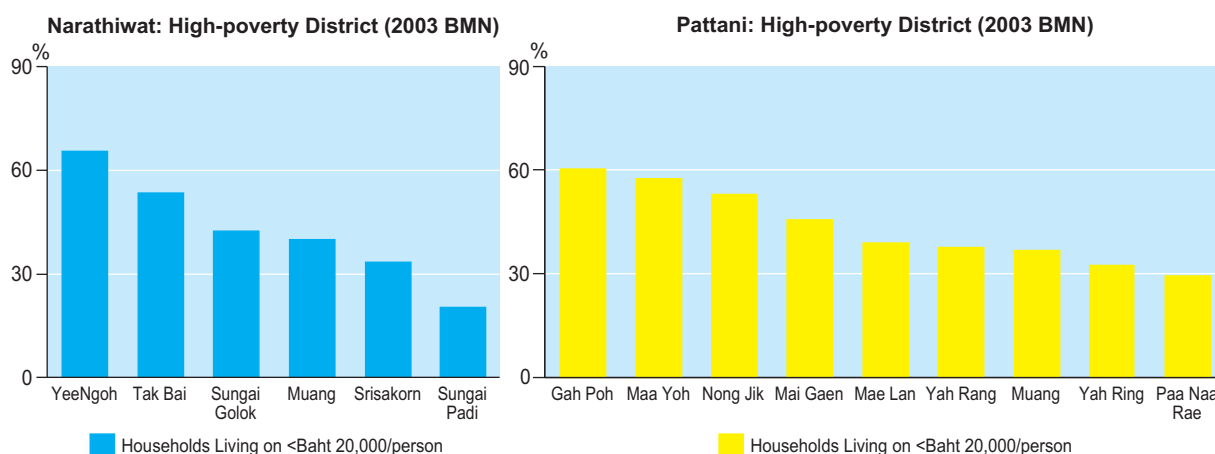
<sup>27</sup> NESDB website: [www.nesdb.go.th/](http://www.nesdb.go.th/) [Accessed June 15, 2005]

Of the 46 districts in the five provinces, poverty is concentrated in 15 districts in Narathiwat and Pattani. As the figure below indicates, these districts do not meet the government goal of 70 per cent of households with a per capita annual income in excess of 20,000 baht, according to figures of the Community Development Department.<sup>28</sup>

These fifteen districts account for over 36,000 households in extreme poverty; roughly 13 per cent of the 279,576 households living in extreme poverty in the five southernmost provinces. This suggests that poverty, while less concentrated in the remaining districts, is widespread throughout the region.

In several of these districts, clean water or household sanitation remains problematic, including in Muang, Paa Naa Rae, Mae Lan and Yee Ngoh in Pattani; Yah Rang, Gah Poh, Mae Lan, Yee Ngoh, in Narathiwat; and Gah Bang in Yala. In other districts many households lack either year-round water or appropriate sanitation - several districts in Pattani, Narathiwat and Yala fall below standard on one or both criteria, and *all* districts of Satun fall below standard on both criteria.<sup>29</sup> These deficiencies contribute to parasitic infections and hamper child growth and adult productivity.

### Districts exceed national target of less than 30 per cent of households in extreme poverty



Source: Basic Minimum Needs Survey, Community Development Department, at <http://www.cdd.go.th/bmn/>

<sup>28</sup> Community Development Department database, Available from at <http://www.cdd.go.th/bmn/> [Accessed June 15, 2005].

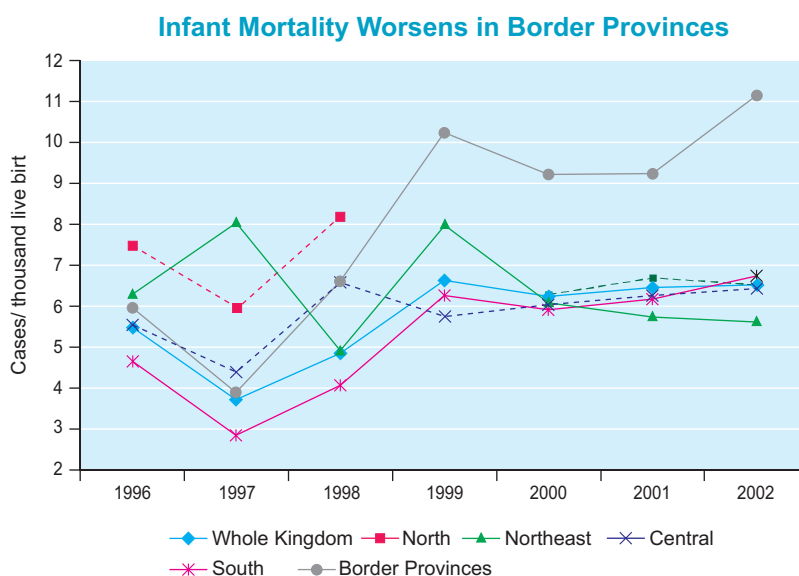
<sup>29</sup> Although Community Development Department data for Songkhla Province indicate fewer water and sanitation problems than elsewhere in the Deep South, more detailed studies by PSU researchers identified gaps in this data.

## 2.5.2 Infant mortality

Infant mortality in the southern border provinces nearly doubled after the economic crisis, from 5.95 per 1,000 births in 1996 to 11.16 per 1,000 births in 1996 and 2002, respectively.<sup>30</sup> This is a particularly telling shift, since infant mortality tends to be a very good indicator of overall changes in development levels. Increases in infant mortality in the border provinces reflect deep and persistent poverty and rising unemployment.

## 2.5.3 Unemployment and economic independence

Southern job losses after the 1997 economic crisis were less acute than in other regions, but the south has seen less improvement since, unemployment in the south is near double pre-crisis levels (triple in border provinces) while national unemployment has eased. Joblessness is worst in Narathiwat, where the 1996 rate of 0.16 per cent has increased 23 times, to 3.74 per cent.

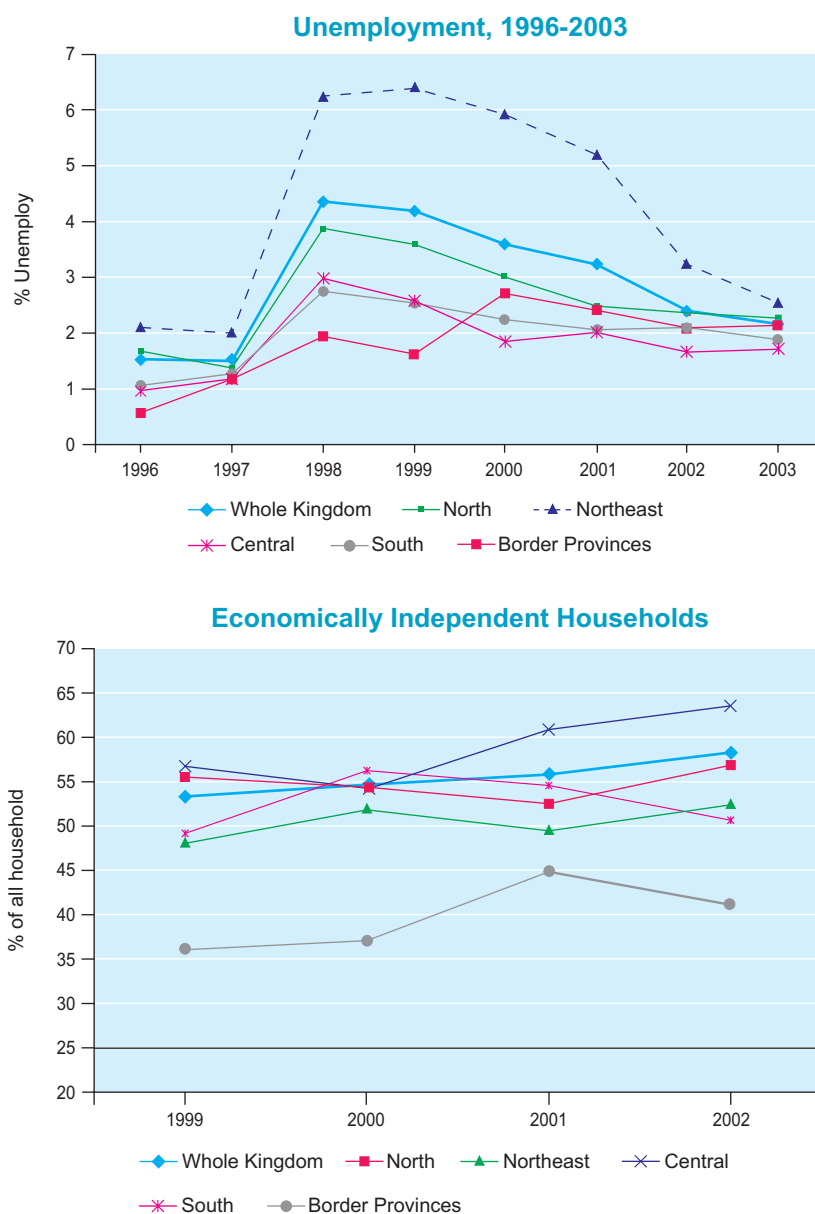


Source: MINISTRY OF PUBLIC HEALTH, Office of Health Policy and Planning, as reported in *NESDB Mid-9<sup>th</sup> Plan Development Monitoring Report*.

<sup>30</sup> MINISTRY OF PUBLIC HEALTH, Office of Health Policy and Planning, as reported in *NESDB Mid-9<sup>th</sup> Plan Development Monitoring Report*.

Changes in the local economy have affected families whose main source of income was in the fishing industry. Traditionally, men used to fish while women processed the catch. Many women now work in factories with the result that children receive less parental contact and supervision.

The percentage of economically independent households has fallen in the south, countering the trend elsewhere in Thailand. The problem is particularly acute in the border provinces, where the number has not risen above 45 per cent since 1998.<sup>31</sup>



<sup>31</sup> NESDB, 2004, Table 37.



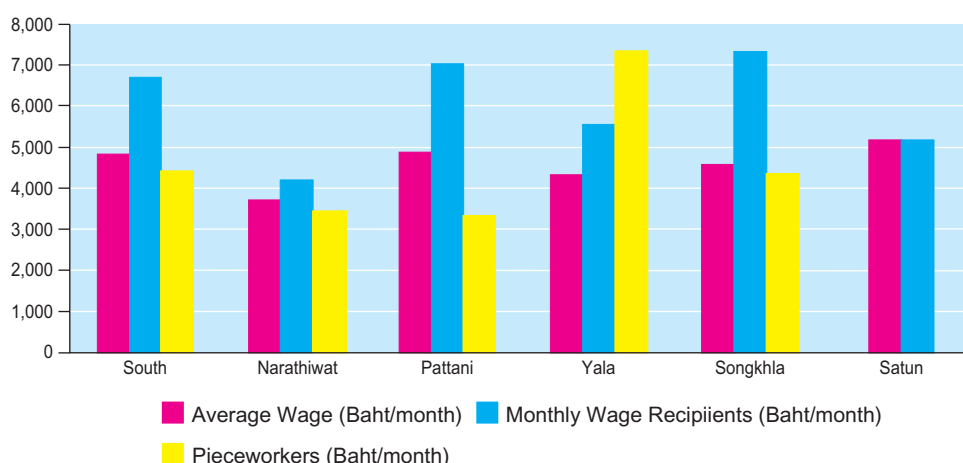
Issues of economic independence naturally influence issues of education (examined later in this report), since young people who aspire to further their education find themselves unable to do so because of poverty. Young people report a lack of suitable jobs, particularly for vocational school graduates. Average wages in the south remain low, although roughly comparable to those in the North and higher than wages in the Northeast.<sup>32</sup> However, a glance at provincial data indicates that regional averages conceal considerable variation across provinces (see figure below).<sup>33</sup> Piecework wages in some areas of the south have risen as a result of market successes of items such as Muslim caps.

Young people also indicate that labour and wage protections are at best imperfectly extended to younger workers. Long hours with no overtime, unsafe working conditions, and the withholding of wages were mentioned as issues for young workers.

### 2.5.4 Migration and Identity

A study in Sungai Golok found that a majority of households have one or more members who have worked in Malaysia.<sup>34</sup> Historically, harvesting rice in Malaysia's northern states was common seasonal work for Malays in Thailand's southern provinces. But work is now further afield, in the *dom yam goong*

**Average 1999 Wages, Southern Thailand**  
(Labour Studies and Planning Division, MOLSW)



Source: OF labour AND SOCIAL WELFARE, labour Studies and Planning Division, 1999

<sup>32</sup> MINISTRY OF labour AND SOCIAL WELFARE, labour Studies and Planning Division, 1999

<sup>33</sup> ALPHA RESEARCH CO. LTD., 2003, *Thailand in Figures*, 8<sup>th</sup> ed., 2002-2003, Bangkok, January 2003, p. 156.

<sup>34</sup> TSUNEDA, M., November 2004, personal communication.



restaurants of Penang and Kuala Lumpur and elsewhere in Malaysia, which employ Thai-Malay Muslims as cooks, waiters and cleaning crew.

The reasons for their migration are complex. Low-skill jobs in the southern provinces have drawn increasing numbers of Burmese and Thais from the North-East (exact figures on the numbers involved are not readily available). There are also some indications that the younger generation also chooses *not* to take the low-skilled jobs available at home.

Young women migrants find an unprecedented degree of freedom, and enjoy being Muslim in Malaysian cities where a degree of anonymity means they face less family pressure. Although both young women and men cross the border without work permits, some view males as more likely to be challenged regarding documentation.

The work in the *dom yang goong* restaurants highlights the complex nature of the identity of these young people. Within Thailand, they are often defined by the Thai as a Malay minority, whereas in Malaysia, they are looked down upon as poor Thai Muslims, as they speak Thai amongst themselves, listen to Thai music, and watch Thai soaps on TV in Malaysia.

Education migrants to Bangkok cluster near Ramkhamhaeng University, which offers low cost university education to anyone holding secondary school certification and is educating several thousand Muslim students from the border provinces. Workers with this group of migrants report that the students express ambivalence about university life in Bangkok.

Many would have preferred to study near their homes, but the competitive national exam has left them with no other tertiary education alternative within Thailand. Once in Bangkok, they enjoy a

personal and social freedom that allows male and female students to associate more freely than in their home communities, but realize that those freedoms will be curbed once more as soon as they return home.

Many are eager to engage in debates about issues which affect their lives, including those regarding the current conflict in the south—but find themselves lacking public speaking skills and sufficient fluency in Thai to participate effectively. As they near graduation, many learn that their parents have arranged marriage for them upon their return. Some are therefore reluctant to return to the south, where they will confront both arranged marriage and limited job opportunities.<sup>35</sup>

Creating attractive employment opportunities poses a critical challenge, both to the communities of the south, and to the Government.

<sup>35</sup> Informal adviser to Ramkhamhaeng University Muslim students, February 5, 2005, personal communication.

## 2.6 GOVERNMENT POLICY RESPONSES

The Government review of progress toward Millennium Development Goals notes that the five southernmost provinces<sup>36</sup> lag behind the national average on a number of development goals, including poverty rates, unemployment and economic independence of households. In maternal and child health, where the south also lags behind the national average, geographical distance and cultural differences between health care providers and clients are contributing factors.

During the period of Thailand's Ninth Social and Economic Development Plan (2002-2006), the Government undertook a number of policy measures intended to improve public infrastructure and household incomes nationwide. However, there are reports of local dissatisfaction with the direction and results of government policies and programs.

First, government development projects are seen as disregarding local input. Second, the benefits of these projects are perceived to accrue to interests outside the south, while providing only low-paying menial work for local populations. A case in point is the emergence of hundreds of seafood-processing industries around the once-beautiful Pattani Bay, established despite opposition by local environmental groups and academics.

### 2.6.1 Ninth plan initiatives in the south of Thailand

Ninth Plan initiatives feature heavy infrastructure investments, largely outside the Border Provinces, with the exception of road and customs and immigration initiatives. Within the social sector, the Plan stresses the 30-Baht Health Insurance Scheme.

### *Development strategies*

As part of its mid-term assessment and revision of the Ninth Plan, the Government has sought to emphasize peace and harmony with five strategies for border province development:<sup>37</sup>

- Addressing basic minimum needs and eliminating poverty
- Building a new economy and revitalizing the traditional economic base
- Developing the infrastructure network
- Developing population and society
- Managing environmental and natural resources in a sustainable manner

Social sector development purposes include:

- Increased educational opportunities to expand the capacity of the southern population to adapt to rapidly changing conditions
- Increased productivity, including job security, incomes, and competitiveness
- Improved quality of life, focused on health and sanitation
- Development of peaceful and harmonious communities.

The Government has entered a joint Thai/Malaysian initiative to strengthen local economies on both sides of the border, which includes large investments in infrastructure.

<sup>36</sup> Students of Southern Thai society and demography suggest that the core Muslim provinces are, in fact, limited to Pattani, Yala, and Narathiwat, where Muslims constitute the overwhelming majority of the population. The same population balance holds in Satun and a few districts of Songkhla, which are therefore included here.

<sup>37</sup> <http://www.mcot.org/query.php?nid=33734>

**Government Social Development Goals<sup>38</sup>**

	Current Status			Border Province
	Border Province	South	National	Target
Years of schooling	6.2	7.1	-	9
M1 transition	88	92	91.2	92
Reduce IMR	10.6	6.6	6.52	6.6
Reduce MMR	35.9	19.9	Goal: 18	19.9
Increase health insurance coverage (30-Baht scheme)	90	90 <sup>39</sup>	94 <sup>40</sup>	95; Achieved 2003 <sup>41</sup>

Government plans also emphasize the use of traditional and community institutions to develop society, and access by the southern population to the authorities of justice. The importance of economic development to the stability of the region is underscored by the example of the separatist movements during the government of Prem Tinsulanonda in the late 1980s. During this period - a period of high economic growth for Thailand as a whole and characterized by policies which reached out to southern Muslims – the support base for these movements evaporated.<sup>42</sup> At the moment it is unknown whether the conflict in the south has created links with international terrorist movements which might undermine a policy of economic growth to further their own ends.

As the following table indicates, developmental challenges within the region remain significant. It should be noted that the deep south is not unique in facing such challenges – border provinces nationwide compare poorly to other provinces on measures of maternal and infant mortality, incomes, and education, health and other indicators.

<sup>38</sup> NESDB, March 2004, *Border Provinces Development Strategies* (Patani, Yala, Narathiwat), pp. 29-30.

<sup>39</sup> NESDB, July 2004, *Mid-9<sup>th</sup> Plan Assessment*, table 30.

<sup>40</sup> *Loc cit.*

<sup>41</sup> *Loc cit.*

<sup>42</sup> KERSTEN, C. [Date unknown]. *The Predicament of Thailand's Southern Muslims*, undated manuscript, p.17. Pitsuwan, however, argues that the development policies of the 1950s left ordinary Muslim small farmers and fishermen feeling more insecure. PITSUWAN, S., June 1982, *Islam and Malay Nationalism*, Harvard University, p. 168.



Millennium Development Goals: Comparing Southern Thailand to National Achievements		
Target	Southernmost Provinces	National <sup>44</sup>
1. Cut extreme poverty in half between 1990-2015	Poverty incidence has fallen; however, with 29.88 per cent of households below the poverty line, it roughly equals the 1990 national rate and far exceeds the current national rate.	Poverty incidence reduced from 27.2 per cent in 1990 to 9.8 per cent in 2002.
2. Cut hunger by half between 1990-2015	As many as 20 per cent of pregnant women are under-nourished; <sup>45</sup> underweight children appear to be a greater problem among children in the south than in other regions.	Proportion of population under food poverty line dropped from 6.9 per cent to 2.5 per cent during 1990-2002, and the prevalence of underweight children under five dropped from 18.6 per cent to 8.5 per cent during 1990-2000.
3. Ensure boys and girls alike will be able to complete a full course of primary schooling	5 per cent of primary school aged children are not in school (Narathiwat, Pattani and Yala only; detailed data for Satun and Songkhla not available).	14.6 per cent of primary-aged children not in school. <sup>46</sup>
4. Eliminate gender disparity in primary and secondary education.	Girls and boys enroll in primary school in equal proportions (95 per cent); at upper secondary level, however, 74 per cent of girls remain in school but only 61 per cent of boys. <sup>47</sup>	0.97 ratio of girls to boys at primary level; 1.04 at upper secondary level <sup>48</sup>
5. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.	Infant mortality is near double the national rate, increased sharply following the 1997 financial crisis and remains high.	Due to a switch from manual to on-line data, there is a break in the trend data. Besides which, the target is unrealistic and is replaced by the U5M of high-income OECD in 2000.
6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	35.9	25.0 <sup>49</sup>
7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS <sup>50</sup>	Although reliable data is difficult to find, prevalence rates among pregnant women in the southernmost provinces are cause for concern, particularly in Satun and Narathiwat. <sup>51</sup>	National prevalence rates among pregnant women fell from an average of 1.42 in 2003 to 1.30 in 2004, with the median falling from 1.39 to 1.18.
10. Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation <sup>52</sup>	In Narathiwat and Satun, the number of households not meeting sanitation standards exceeds the national average; in Satun, over 14 per cent of households do not have access to safe drinking water year-round.	12.82 per cent of households lack safe drinking water; 8.3 per cent do not meet basic sanitation standards.

<sup>44</sup> Unless otherwise noted, information in this column is from the Thai MDG Report, 2004.

<sup>45</sup> PIAMMONGKOK, S. *et al.*, Dec 21, 2004, Food pattern and prevalence of iron deficiency anemia in pregnant women in Pattani rovince, presented at Prince of Songkhla University, Hat Yai, and 2004, Food and nutrient consumption patterns in third trimester Thai-Muslim pregnant women in rural Southern Thailand, *Asia Pacific Journal of Clinical Nutrition*, 13 (3).

<sup>46</sup> UNESCO, *EFA Global Monitoring Report 2003/2004*, p. 331.

<sup>47</sup> NSO, *Survey of Structure of Buddhist and Muslim Population, Narathiwat, Pattani and Yala provinces*, Table 9.

<sup>48</sup> UNESCO, *EFA Global Monitoring Report 2003/2004*, p. 329 and 347.

<sup>49</sup> IPSR, 1998, Mahidol University.

<sup>50</sup> Table 4: Monitoring HIV prevalence rate by province provided by Department of Epidemiology, Ministry of Public Health (2003)

<sup>51</sup> MINISTRY OF PUBLIC HEALTH, *Bureau of Epidemiology report 2005*.

<sup>52</sup> Information on this indicator comes from the Basic Minimum Needs data of the Community Development Department. Available from: <http://www.cdd.go.th/bmn/> [Accessed June 15, 2005].



### *Budgetary responses to needs of the south*

Per capita budget expenditures in 2001 in the south are consistent with those in other largely rural provinces. The all-province average per-capita expenditure (with the exclusion of Bangkok) in 2001 was 7,785 baht compared to 10,774 for Songkhla, 8,281 for Satun, 7,974 for Pattani, 9,214 for Yala, and 6,879 for Narathiwat.

Nationwide, 2003 expenditures for pre-primary, primary and secondary school amounted to 235 billion baht, or 18,500 baht for each of some 12.7 million students at these levels. 2003 basic education expenditures in the provinces of Pattani, Narathiwat, and Yala amounted to some 10 billion baht—3,119 baht for each of the 329,390 students attending government schools, or 1,868 baht for the 550,000 students between the ages of 5 and 19.<sup>53</sup> (As is the case with general expenditures, Bangkok, including central government expenditures, accounts for a large portion of expenditures).

### *Security Response*

In response to heightened security concerns, the Government increased troop deployment going into 2004, including several thousand additional security forces during the Parliamentary election campaign. Martial law, a highly visible security force presence, police checkpoints and arms searches covered the Border Provinces. The Deputy Prime Minister proposed an amnesty for Muslim separatists, included in a seven point plan which would have lifted martial law, permitted Islamic boarding schools to teach on their own terms, given local people priority in civil service jobs and reduced security forces in the region. Despite initial positive responses to the plan, it was blocked<sup>54</sup> and followed shortly by the April 28, 2004 Krue Se Mosque incident.

Episodic attacks on government facilities continued through the rainy season. In the Tak Bai incident, anti-riot measures were taken against a crowd of demonstrators, involving tear gas, hoses and gunfire. In total 85 persons died in this incident and its aftermath.<sup>55</sup>

Following the Tak Bai incident, the Government named a special commission to investigate the circumstances of the deaths in detention, warned civil servants to take extra security precautions, and provided guns and weapons training to local school teachers. The Government is reportedly considering the enactment of internal security provisions which would allow indefinite detention without charges, echoing similar laws in Malaysia and Singapore.<sup>56</sup>

In response to the burning of schools and the murder of several teachers, teachers' associations in the three provinces announced in early 2005 the indefinite closure of all schools. Teachers' associations indicated their commitment to ending the crisis.<sup>57</sup>

<sup>53</sup> Expenditures: unofficial government reports; students, Survey of the Structure of Muslim and Buddhist Population in Yala, Pattani and Narathiwat, 2003, table 9.

<sup>54</sup> THE NATION, 2004, [Online.] Available from: <http://www.nationmultimedia.com/search/page.arcview.php?clid=2&id=97410&date=2004-04-20&usrss=> [Accessed June 15, 2005].

<sup>55</sup> PINTHONG, C., The Truth on Takbai Incident: Inhumane and Unlawful, undated manuscript, p. 4, and numerous media accounts, including the report of an official investigation at [http://www.nationmultimedia.com/2004/12/18/headlines/index.php?news=headlines\\_15819312.html](http://www.nationmultimedia.com/2004/12/18/headlines/index.php?news=headlines_15819312.html) [Accessed 15 June, 2005].

<sup>56</sup> THE NATION, 2003, [online]. Available from: [http://www.nationmultimedia.com/2004/12/03/headlines/index.php?news=headlines\\_15649973.html](http://www.nationmultimedia.com/2004/12/03/headlines/index.php?news=headlines_15649973.html) [Accessed June 15, 2005]

<sup>57</sup> <http://www.mcot.org/query.php?nid=34578>





# 3.

## ISSUES OF CHILDREN AND YOUNG PEOPLE

The conflict in the south has aggravated pre-existing challenges related to children and young people. As a result of the conflict, schools are closed, public health workers seek transfers, normal community life is disrupted and some children and young people have lost fathers and financial support. The main areas for concern are listed below.

1. Infant growth, development and survival in the southern provinces is retarded, because of:
  - a) Inadequate nutrition and hygiene of both mothers and children.
  - b) Poor mental stimulation of infants and young children and a lack of attention to safety.
2.
  - a) Rural schools do not have enough resources, giving children a poor quality education.
  - b) It is difficult to attract and retain qualified teachers.
  - c) Language issues could result in poor learning during the early years.
3. Adolescence brings additional challenges:
  - a) School participation drops sharply.
  - b) School achievement lags behind other Thai regions.
  - c) School is not perceived as relevant to job opportunities in the south.
  - d) Employment opportunities are limited.

- e) The family unit is weakened because both parents work outside the home.
- f) Children spend increasing amounts of time unsupervised.
- g) Parents lack skills to talk with adolescents about issues in their lives.
- h) Cultural taboos constrain discussions about drugs and sexuality.

### 3.1 WOMEN

The safety and welfare of women is intrinsically linked with that of children. Women's issues affect children before they are born, as well as determining the standard of care they are likely to receive in early development and later growth.

The number of female-headed households rose sharply between 1990 and 2000, from 19.1 per cent to 26.1 per cent of all households in Pattani, a trend exacerbated by violence in 2004.<sup>58</sup> As noted earlier in this report, some 10 per cent of Buddhist women and 11 per cent of Muslim women in the deep south are widows,<sup>59</sup> compared to 4.7 per cent nationwide.<sup>60</sup> Muslim women, both nationally and in the south,

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<sup>58</sup> NSO, 2000, *The 2000 Population and Housing Census, Changwat Pattani*, p. 3.

<sup>59</sup> NSO, 2003, *Report of 2003 Reproductive Health Survey in the Southern Region of Thailand*.

<sup>60</sup> NSO, 1995, [online]. Available from: <http://www.nso.go.th/eng/stat/gender/pice7.pdf>

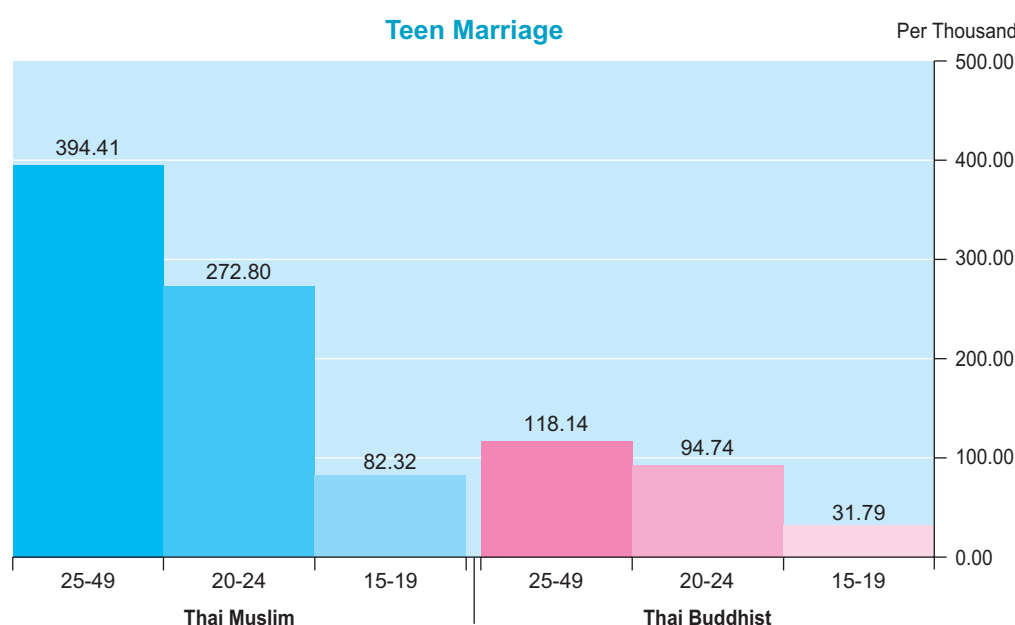
have been slower to accept family planning interventions than Buddhist women, and have larger families.<sup>61</sup> Many women work – both married women living with a husband and those who head households. In a study of 166 pregnant rural women, 76 per cent were housewives. Of these, two-thirds work part time shelling prawns or tapping rubber.<sup>62</sup>

### 3.1.1 Maternal health and well-being

#### *Teen marriage and pregnancy*

Although UNICEF consultation participants expressed concern that many teenagers are

returning to a pattern not seen since their grandmother's day, with girls as young as 12 or 13 becoming pregnant and getting married, the national reproductive health survey contradicts this view. Among Muslim and Buddhist women under the age of 20, a relatively small proportion is married (see chart).<sup>63</sup> Women now in their twenties are three times as likely to have married in their teens, and those aged 25 to 49, are about four times as likely. However, in Songkhla province, 11.4 per cent of all births involve a mother in her teens. A large percentage of these are reported by district health stations, suggesting that they are home births. In the predominantly Muslim districts of Thepa and Sadao,



Source: NSO Reproductive Health Survey, 2003

<sup>61</sup> John Knodel and colleagues calculated the number of children among ever-married Thai Buddhist women in the South at 2.2; among Thai-speaking Muslim women, 2.62; among Malay-speaking Muslims, 3.00. See: Religion and Reproduction: Muslims in Buddhist Thailand, *Population Studies*, V. 53, No.2 (July 1999), p. 154.

<sup>62</sup> PIAMMONGKOL, S *et al*, 2004, Food and nutrient consumption patterns in third trimester Thai-Muslim pregnant women in rural Southern Thailand, *Asia Pacific Journal of Clinical Nutrition*; 13 (3): 236-241.

<sup>63</sup> NSO, 2003, *Report of 2003 Reproductive Health Survey in the Southern Region of Thailand*, indicates that some 20 per cent of Muslims and 30 per cent of Buddhists believe that girls experience first sex before their fifteenth birthday, p.73.



76 per cent and 83 per cent of deliveries reported by district health stations involved mothers under the age of 20.<sup>64</sup>

PSU Consultation participants varied in their views of the importance of early pregnancy—some view it as a moral issue, taken care of by marriage. Participants in small group discussions reflected confusion regarding implications of early pregnancy for the mother's health and both the health and development of her child.

Despite marked success in delaying marriage, in 2003 over 30,000 teens were married in the 14 southern provinces<sup>65</sup>, including over 500 under the age of 15. (Married teenaged girls account for a significant number of 15-19 year old girls not in school). Songkhla provincial health office records indicate that teen mothers accounted for 2,328 births (over 11 per cent of all births) in the 2004 budget year, with high proportions of these infants born at home (due to cultural preferences) in Chana, Thepa, Ranode, Padang Besar, and Hat Yai districts.<sup>66</sup> Most of these mothers would be in the care of a local midwife, and Songkhla provincial health officials indicate that government health workers follow up with advice on nutrition and health care during pregnancy.

Consultation participants acknowledged that reluctance among Muslim women to be examined or assisted in delivery by male doctors contributes to the high number of home deliveries. It has also been noted in the section on migration that some women opt for delivery in Malaysia – some of these births go unregistered, according to consultation participants. About 80 per cent of births in southern provinces occur in hospital.<sup>67</sup>

Strengthening the presence of qualified female obstetricians and gynecologists could contribute to

improved reproductive health and reduced infant and maternal mortality.

### *Terminations*

Songkhla also reports high rates of terminated pregnancies, at 108 per 1,000 pregnancies.<sup>68</sup> These figures include both spontaneous and induced abortions. No further information is available to determine the relative importance of various causes, believed to include maternal health, nutritional status and unwanted pregnancies. Follow-up is warranted to determine the causes and develop appropriate responses.

### *Reproductive health*

Earlier work of PATH built on drug abuse-related concerns to introduce reproductive health training, and produced important lessons learned regarding challenges of engaging with families, schools, religious institutions, and communities. PATH found that reproductive health was not a priority of school administrators and communities, and that integration of health information with relevant Islamic teachings was critical.

<sup>64</sup> MCH, 2004. sarup pol garn damnern ngan anamai mae lae dek jangwat Songkhla, 22547 (*Songkhla Annual MCH Report*).

<sup>65</sup> No breakdowns for the provinces of Narathiwat, Pattani, Yala, Songkhla and Satun are available.

<sup>66</sup> These births are reported as occurring at health centers; sarup pol garn damnern ngan anamai mae lae dek jangwat Songkhla, 22547 (*Songkhla Annual MCH Report, 2004*), table 8. PETCHSRI, M.D., February 5, 2005, personal communication; February 5, 2005, confirmed by Songkhla health personnel, personal communication.

<sup>67</sup> CHONGSUVIVATWONG, V., M.D., informal communication at Prince of Songkhla University-Hat Yai, Dec. 21, 2004.

<sup>68</sup> Report 2004, sarup pol garn damnern ngan anamai mae lae dek jangwat Songkhla, 22547 (*Songkhla Annual Health Report*), table 5.





Conservative schools censored manuals and activities, and a school characterized as the most conservative did not permit girls to participate in project activities, despite efforts to ensure they would be conducted in a culturally appropriate manner. PATH found that all teachers in a school needed to be oriented and trained in reproductive health in order to develop support for project goals. Community mobilization requires careful preparation and a time commitment which requires adjusting to the schedules of busy parents. PATH also noted that mothers had no problems discussing reproductive health concerns with daughters, but were seldom able to talk to sons.<sup>69</sup>

### *Why maternal mortality is so high in the south*

Early pregnancy may put the life of the mother and her infant at risk. The maternal mortality rate (MMR) in the southernmost provinces remains high (see chart below), with unaddressed hyper-tension a cause mentioned by PSU Consultation participants. The link between poverty and sanitation issues, nutrition, overall development levels, and women's education (general and specific to pregnancy and child-bearing) are important factors. Satun, for instance, reports the highest MMR, at 89.6 per thousand births—and has the worst reported availability of sanitation and clean water supplies in the five provinces.<sup>70</sup>

Small group discussions conducted during the PSU Consultations also identified other issues which create potential risks for mothers and children. Women may restrict food intake during pregnancy, believing that low birth weight will make delivery easier and less painful. Traditional post-partum practices may also adversely affect the new-born child, including restricted bathing and food intake, including red meat.

	IMR	MMR	HIV Prevalence, ANC Clients, 2004
Narathiwat	12.84	30.5	0.50
Pattani	10.46	48.5	1.03
Satun	5.85	89.6	0.96
Songkhla	7.08	9.7	0.78
Yala	10.16	29.8	0.00
Thailand	6.52	12.9	1.30

Source: IMR, NESDB; MMR, UNDP Human development report 2003; HIV Prevalence, MINISTRY OF PUBLIC HEALTH Division of Epidemiology.

### *Nutrition*

Anemia affects 15 per cent of all pregnant women in the south, the highest level in Thailand.<sup>71</sup> PSU has recently undertaken a survey of food intake patterns among Muslim women. Their study of 166 pregnant women in Pattani province found calorie intake to be only 56 per cent of the Thai recommended daily amount (RDA) for pregnant women, with fiber intake low. Micronutrient intake, including B vitamins, calcium, iron, and iodine, falls as much as 68 per cent below Thai RDAs, with iron intake falling below 80 per cent of the Thai RDA in 99 per cent of pregnant women in the Pattani study. Soil-borne parasites are frequent among pregnant women, including hookworm, which contributes to anemia (47 per cent) and ascaris (33 per cent). Positive results from hookworm treatment during the second trimester of pregnancy include reduced maternal anemia, increased birth weights, decreased stillbirths and fewer perinatal deaths.<sup>72</sup>

<sup>69</sup> PATH Thailand, 1998, *Integrating Drug Prevention in a Muslim Adolescent Health Program*, Bangkok, p. 9-12.

<sup>70</sup> National Economic and Social Development Board and UNDP. 2004. Millennium Development Goals report.

<sup>71</sup> MINISTRY OF PUBLIC HEALTH, 1996

<sup>72</sup> DE SILVA N.R., *et al*, Effect of mebendazole therapy during pregnancy on birth outcome, *Lancet*, 1999 Apr 3; 353(9159):1145-9.

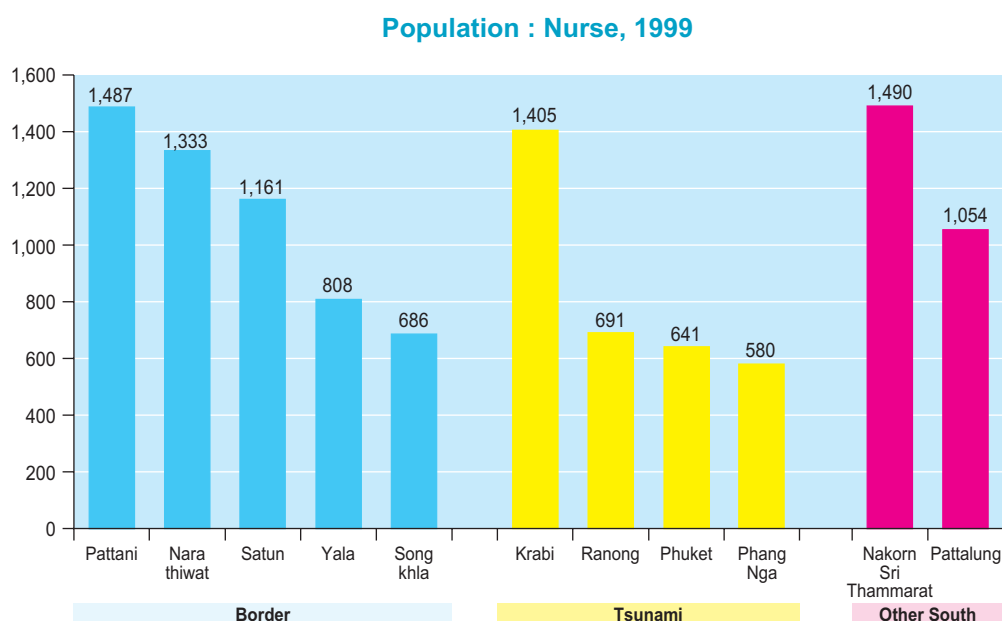


Consultation participants indicated that breastfeeding is commonly practiced – but that white rice is introduced as early as one month to encourage weight gain. Encouraging exclusive breastfeeding for the first six months, combined with improved diets for pregnant mothers, focusing on including red meat and iodized salt, could address the issue of infant weight gain and perhaps assist with birth spacing.

### 3.2 HEALTH

The number of nurses per head of population remains problematic in a number of southern provinces. Nurses face particularly heavy burdens in an area where doctors are reluctant to work. It should be noted that Songkhla numbers include some 600 nurses at the large teaching hospital associated with PSU. It is likely that the distribution of nurses in rural areas in Songkhla differs little from those of other provinces in the south.

Cultural concerns (as noted below in the discussion of maternal health) make increased availability of female gynecologists and obstetricians particularly important to fully addressing women's health concerns in Muslim areas.



Source: MOPH, as reproduced in Thailand Public Health 2001, Alpha Research Co.,Ltd.

### 3.2.1 Infancy

#### *Birth Registration*

The 1995 national inter-census survey found that about 5 per cent of all births are not registered.<sup>73</sup> While specific data for the south are not available, UNICEF consultation participants confirmed that some births go unregistered, including those of children born abroad, children with one non-Thai parent and children born out of wedlock, thus denying children rights under both international conventions and Thai law. Other sources indicate that women in border areas cross into Malaysia to ensure that Muslim doctors deliver their babies, with unknown impacts on birth registration.

#### *Infant mortality and morbidity*

Infectious diseases are the leading cause of infant death in southern Thailand. Acute respiratory tract infections and gastrointestinal tract diseases each account for about 22 per cent of in-hospital infant deaths, and diarrhea an additional 11 per cent. Injuries account for slightly over 4 per cent of infant deaths. Early neonatal deaths are largely due to congenital anomalies, the most common of which is anencephaly, and to obstetric problems, including birth asphyxia.<sup>74</sup>

Government supplementary programs for women who fall below the body mass index curve lack continuity. Milk is provided for infants in some areas under the project of Her Royal Highness Princess Maha Chakri Sirindhorn, but the Ministry of Public Health's milk provision program has been transferred to the Tambon Administrative Organizations, with as yet unknown effects on program continuity and effectiveness.

Immunization coverage remains lower than reported in some areas, according to public health personnel, for example in Songkhla Province.

#### *Growth and Development*

Development of children in the southern sample fell well below that of children in other regions included in the Prospective Cohort Study of Thai Children (PCTC) study. Poor nutrition and lack of stimulation are contributing factors. For example, opaque curtained cribs are used for 20 per cent of children in Thepa district of Songkhla.<sup>75</sup>

Stunted growth, increasingly recognized as a major issue of Thai child health, is a serious problem in the south. Stunting results in increased risk of infection and mortality, delayed cognitive development, decreased work capacity, and possibly adult cardiovascular problems. Birth weight in southern Thailand is 16 per cent below the national standard, improves up to the age of six months (about 3 per cent below standard), and then falters (over 16 per cent below standard at age one), according to the PCTC study.<sup>76</sup> Songkhla data support critics who argue that growth monitoring has little impact on child health. The following table shows relative stability in numbers of underweight children over a one-year period. Disproportionate numbers of underweight children are concentrated in the following districts: Chana, Thepa, Sabayoy, Rattaphum and Hat Yai.

<sup>73</sup> NSO, 1995-1996 *Survey of Population Change*.

<sup>74</sup> VORASITH SORNSRIVICHAI, M.D. *et al*, 2004, *Life in a Year: Infant Mortality and Morbidity of Children in the Prospective Cohort Study in Thai Children, presented at Prince of Songkhla University-Hat Yai*, Dec. 21, 2004.

<sup>75</sup> MOHSUWAN, L., M.D., *loc cit*.

<sup>76</sup> MOHSUWAN, L., M.D., 2004. *Gar derb toh lae gar pattanakarn A. Thepa (Krong wichai raya yaow nai dek Thai), presented at Prince of Songkhla University-Hat Yai*, Dec. 21, 2004.



### Growth Monitoring, Songkhla Province, 2004

Infants (0-72 mo). Weighed		Norm	Slightly below norm	Below norm	Slightly above norm	Above norm
Quarter 1	77,065	67,277	3,767	2,434	2,213	1,374
Quarter 2	78,214	69,593	3,532	2,109	1,756	1,224
Quarter 3	80,663	71,890	3,634	2,306	1,586	1,247
Quarter 4	80,673	72,264	3,565	2,362	1,292	1,190

Source: *Sarup pol garn damnern ngan anamai mae lae dek jangwat Songkhla, 22547* (Songkhla Annual MCH Report, 2004, Table 12).

Although children across Thailand experience growth delays, greater growth delays occur in the south.<sup>77</sup> Growth delays can be avoided by enhancing intake of energy, animal protein, calories, and micronutrients, specifically B vitamins, zinc, iron, and, in some inland areas where seafood consumption is low, iodine. Active growth monitoring, including supplement provision and dietary advice could greatly enhance growth and development of children. Maternal education is positively correlated with better infant growth and development. Children born into middle-income families grow and develop better than do those in low- and high-income families.

#### *Other issues affecting growth and development*

About two-thirds of 3-year-old southern children have dental caries; this rises to nearly 90 per cent among children of three to five years of age. In Thepa district of Songkhla, 84 per cent of two-year-olds have dental caries; averaging two cases per child. Eating behaviour is critical: snacking starts early in life, and children who eat more than three pieces of candy or snacks a day are twice as vulnerable to dental caries, found as early as at nine months of age.<sup>78</sup> Low calcium intake during pregnancy may also contribute to early infant dental caries.

Parasitic infections among young children are high, even in households using toilets which meet sanitation standards. Re-infection occurred by age three among over 50 per cent of children treated at age two. When mothers had higher education, no parasitic infection was found, suggesting the need for strong maternal education to encourage hand washing before handling infants and hygienic food preparation.<sup>79</sup> Parasitologists stress the need for community approaches to address parasite issues and the role of the public health community in providing the data to convince communities to take action.

### 3.2.2 HIV/AIDS

#### *Prevalence in the provinces*

Although HIV initially spread less quickly in southern Thailand than elsewhere in the Kingdom, many

<sup>77</sup> MOHSUWAN, L., M.D., 2004, *The Prospective Cohort Study of Thai Children, presented at Prince of Songkhla University Hat Yai, December 21, 2004.*

<sup>78</sup> JITSOMKUL, S., et al, 2004, *Sukapab bag dek lek chong (Pediatric oral health), presented at Prince of Songkhla University-Hat Yai, Dec. 21, 2004.*

<sup>79</sup> SANGSUPAWANICH, P., M.D. et al, 2004, *The prevalence and intensity of soil-transmitted heminthisis in preschool children in rural communities in Southern Thailand, presented at Prince of Songkhla University-Hat Yai, Dec. 21, 2004.*



southern provinces now face a growing problem, largely linked to injecting drug use among fishermen (principally workers from Burma and Thailand's Northeast), and among local young people who became addicted in Malaysia. Health care professionals report that they are seeing HIV infections among the Muslim population.

HIV prevalence above 2 per cent among pregnant women is considered a sign of a serious epidemic. While only Satun and Narathiwat provinces are above that level, Pattani has experienced increases great enough to warrant strong prevention campaigns. No province in the far south can be considered immune to the AIDS risk. Although Yala reported no HIV infections among 364 pregnant women tested in 2004, 1.01 per cent of nearly 1,500 pregnant women tested in 2003 carried the HIV virus – suggesting the possibility that women are not taking the test. The 2003-2004 reduction in testing, although less pronounced elsewhere than in Yala, occurred throughout the south (dropping from 11,420 to 6,628) and across Thailand (64,958 to 46,226).<sup>80</sup> Ministry of Public Health officials have noted discrepancies in HIV figures for Yala, and are working with epidemiologists and infectious disease specialists to strengthen the collection and reporting of data as part of nationwide efforts to strengthen HIV monitoring systems.

### *Information about HIV/AIDS*

It is critical to ensure that women understand the advantages of early HIV detection and care, for both their health and that of the child, and that testing facilities and pre- and post-test counseling are available. The need to integrate HIV into maternal health care has been recognized by PSU medical staff. Fully addressing this need is the challenge. Organizational rigidities within the public health structure complicate the integration of HIV-related

interventions with other aspects of maternal and child health. The prominence of midwives in providing maternal health care requires that they also be actively involved in providing HIV-related information.

PSU consultation participants found it difficult to discuss not only sexual health, but also injecting drug abuse, trafficking and prostitution. Doctrinal approaches which reject drug abuse and prostitution, sex outside marriage, touching, and other interaction between the sexes, hamper the provision of information which young people need to guide their lives. Nonetheless, the desire for information is great: some participants in the final PSU consultation requested transcripts of the session addressing drug abuse and HIV/AIDS.

### *The Islamic context*

Islamic practices and beliefs which could provide some level of protection against the spread of HIV include the emphasis on sex only within the bonds of marriage and the practice of male circumcision.<sup>81</sup> Gatrads and Sheikh indicate that condom use is supported by the writings of Muslim scholars such as Al-Ghazali. While community members and government officials accept the need for educating young people about HIV risks, they stress that this must be within the context of Islamic teachings which reject sex outside of marriage. HIV/AIDS workers indicate that condom use is promoted among injecting drug users, but not among young people more generally. While accepting that behaviour does not always follow Islamic doctrine, the Islamic response emphasizes personal responsibility rather than condoms. Nonetheless, episodic reports (e.g.,

<sup>80</sup> PETCHSRI, M.D., interview February 8, 2005.

<sup>81</sup> GATRADS, A.R. and SHEIKH, A., 2004. Risk factors for HIV/AIDS in Muslim communities, *Diversity in Health and Social Care*. 1, p. 69.

adolescents touching (sometimes initiated by girls), unwanted pregnancies) provide the basis for concerns that cultural prescriptions and actual behaviour greatly diverge.

While religion may be a source of compassion to address stigmatization of those infected with HIV, it is clear that this remains an important challenge in southern Thailand.

Despite religious and cultural constraints on discussing and addressing “forbidden” behaviours, the views of a number of officials involved in social protection and public health work provide reason to believe that those confronted directly with the HIV protection needs of Muslim young people will continue to take positive action. The Communicable Disease Center for Region 12, based in Songkhla, administers a small grants facility targeting AIDS prevention and care activities to benefit children and young people, including government, NGO, and community-based projects.

Regional centers for healthcare training at Yala and at Narathiwat provide an important potential resource for future work. Augmenting government health services, several private organizations are now or have been involved in HIV prevention and support activities.<sup>82</sup> Whether there is capacity and need for more support to civil society (NGOs and community based organizations) has not been explored fully, although some organizations indicate that additional funding is not needed at this time because of capacity constraints.

### *Addressing young people's questions*

During small group discussions, one participant indicated that some Muslim girls call phone sex lines, because they are unaware of what men want and what is involved. It is clear that young people desire

to know more, but are naïve about the world around them. University professors indicate that this naïveté extends to managing money and other aspects of life outside the sheltered world of their childhood. This suggests that the life skills needed extend beyond the usual focus on learning how to say no to sex and drugs.

Developing a dialogue about sexuality faces special problems among Muslims. Emblematic of this is condom use. Despite the acknowledgment that Muslim males engage in commercial sex, the rejection of such activity is so great that many adults (and some young people) will not discuss the issue. Others feel the need for avenues which allow them to discuss their concerns and get answers to questions perceived as too sensitive to discuss with parents or other community members.

### **3.2.3 Drug use and abuse**

Perceptions about drug use in southern Thailand and the reality are at odds. Some adult consultation participants perceive drug use to have increased in the south over the past decade, and young people see drug abuse as a critical problem. However, government data indicate that the number of southerners charged with drug offences (at just over two cases per thousand population) was half that of the Kingdom as a whole, and lower than any region other than the northeast (less than one per thousand population) in 2002.<sup>83</sup>

<sup>82</sup> Among these are PATH/Thailand, World Vision (outreach from its Ranong office), Raks Thai Foundation, and the Muslim Youth Association.

<sup>83</sup> NESDB, 2004, *Development Monitoring Report, First half of 9<sup>th</sup> Plan*, Table 35.

Community workers addressing drug abuse problems indicate that injecting drug use is largely a thing of the past. The flood of new users of a decade ago resulted in large numbers of HIV infections, and many of those users have died of AIDS-related illnesses. Although heroin is reported to be available, few buyers can be found.<sup>84</sup> Marijuana use is common, among adults as well as young people. Amphetamine use is reported as particularly concentrated among commercial sex workers. Young people report the use of homemade “cocktails” of cola drinks and insecticide, as well as amphetamines, tobacco, alcohol, and abuse of paracetamol. The perception among adult consultation participants, that drug use is a serious problem, is probably driven by the stigma attached to drug use, to fear and stigma surrounding HIV infection and to the relatively rapid rise in drug use and abuse in the early 1990s.

### *‘Hard’ and ‘soft’ drugs*

On the other hand, treating users of drugs such as marijuana as criminals, or pathological cases may have a major negative impact on their lives, by branding them as “drug addicts”. During the Consultations with Young People on HIV/AIDS which UNICEF undertook in 2004, it was found that most young people in one drug rehabilitation centre, at Pattani, were there for marijuana use. They strongly believed that marijuana use is far less dangerous even than alcohol, which is legal. This highlights one of the key problems – young people perceive contradictions between adults’ behaviour and their attitudes towards the behaviour of young people. What is more, some of the things that adults say, such as that marijuana is a dangerously addictive drug, are inconsistent with what the young people know from their own direct experience.<sup>85</sup>

The challenge facing youth workers is to address the needs of young people for information, to reach them before they become involved in risky behaviour, and to promote messages consistent with the distinctions between hard and soft drugs. Effective strategies rely on establishing contexts for learning, creating skills-based opportunities (focusing on the ability to analyze situations) and preparing information materials that do not raise cultural concerns. Small, single-sex groups allow young people to talk freely about their concerns. The Young Muslim Association, health workers and midwives have proven to be effective partners. As the security situation allows, partnerships with *pondoks* might be extended to drug and HIV/AIDS education.

Current work with the Muslim Youth Association on drug prevention and care has demonstrated the value of its strong links both in the south (including both Muslim and Buddhist groups) and nationwide (principally among other Muslim youths). The issue is providing opportunities for these networks to strengthen activity in a geographic area or substantive issue. Prior work with youth has demonstrated the value of using art, drama, and non-competitive games to emphasize creativity, expression and cooperation across rural/urban, cultural and socio-economic groups.

<sup>84</sup> LOETARIYAPONGKU, R., 2005. *Chair, Muslim Youth Association*, personal communication.

<sup>85</sup> SCOTT BAMBER, February 28, 2005, personal communication.





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### 3.3 EDUCATION<sup>86</sup>

Southerners have three principal schooling choices for their children:

- Government schools
- Private schools including Islamic dual-track schools “schools teaching religion” comparable to the *madrasah* found elsewhere in the Islamic world),<sup>87</sup> which implement the government secular curriculum and provide additional Islamic instruction
- *Pondoks*, operated by local Islamic teachers, concentrating on reading of the Koran and Islamic texts<sup>88</sup>

Of 550,000 children and young people (aged five to 19) in Narathiwat, Pattani and Yala, 60 per cent attend government schools; 17 per cent, private schools; 15 per cent, schools teaching religion;<sup>89</sup> and 16 per cent do not attend school.<sup>90</sup> As is indicated in a subsequent section, most primary-aged children study at government schools. Many Muslim students also attend *tadika*, an after-school religious course offered at mosques, under the Department of Religious Affairs within the Ministry of Education.

#### 3.3.1 Institutional Change

In 2004, the Ministry of Education issued historic new measures related to education in the south. The *satabaan suksaa pondok 2547* (Pondok Education Act of 2004) allows for the registration of *pondoks* not previously registered, and provides a government budget for their development, including salary and benefits for *tok guru* (Islamic headmasters). As a result, 294 *pondoks* have newly registered.<sup>91</sup> Education officials have identified a number of challenges facing the *pondoks*, including the need to

upgrade physical facilities (schools and student dormitories), the capacity and quality of teaching of secular curricula (including vocational subjects linked to future job opportunities), and the particular need to strengthen teaching in mathematics, languages, and science.

The Government has committed to a number of other changes, including enhancing the quality of private Islamic schools, strengthening local hiring in government schools, developing special programs for non-Thai speaking children, staff development to enhance both secular and vocational education, improvement of school facilities, non-formal (general and vocational) education programs for the poor, the disadvantaged and the disabled, and other measures enhancing higher education in the southern provinces. This represents an unprecedented opportunity for organizations concerned about the welfare and development of children and young people in the south.

<sup>86</sup> Unless otherwise noted, school participation figures used here are based on the 2003 NSO studies of Structure of Buddhist and Muslim Populations in the provinces of Narathiwat, Pattani, and Yala.

<sup>87</sup> MADMARN, H., 2002, *The Pondok and Madrasah in Patani*, University Kebangsaan Malaysia.

<sup>88</sup> *Ibid* p. 56-58. Although Madmarn indicates that the reading of texts includes analysis, other sources indicate many *pondoks* rely solely on rote memorization.

<sup>89</sup> This includes 339 Buddhist students, according to NSO figures.

<sup>90</sup> Calculated by consultant on the basis of NSO, 2004, *The Population Structure of Thai Buddhists and Thai Muslims and Pressing Problems of the Population, 2004*, for Narathiwat, Pattani, and Yala provinces, table 9.

<sup>91</sup> Report of the Inspector General, Region 12, 1 September 2547, updated by A. Avudh, Office of Private Education, January 2004. Of these, 175 *pondoks* are in Pattani, 72 in Yala, and 47 in Narathiwat.

Changes in the system of education in southern Thailand began shortly after World War II, when progressive Muslims in Pattani “began to consider developing the *pondok*, a loose and unstructured system, into a more systematic method of instruction”<sup>92</sup> to cope with Thai government demands. The *pondok*, probably linked historically to the Hindu-Buddhist *ashram*, emerged in Pattani.<sup>93</sup> Government registration of pondoks began in 1961; by the end of the registration period in 1971, more than 400 had been registered.<sup>94</sup> By 1961, a number of *pondoks* had already been upgraded to include secular education, resembling madrasahs found elsewhere in the Islamic world.

The Government later established an advisory committee on private Islamic education, followed by the Private School Act 1983, with effect in the southern provinces.<sup>95</sup> Government measures designed to regularize schools providing Islamic instruction include both regulatory measures and incentives.

### 3.3.2 Secondary Schools

For secondary schools teaching religion under Ministry of Education Measure 15 (1), the Government provides capitation-based subsidies, assigning civil servant teachers to the school, teaching materials, civil service benefits, and the availability of certain benefits for students and their families. In Narathiwat, Pattani and Yala, 125 schools, teaching more than 84,000 students fall into this category.<sup>96</sup> Schools range in size from 25 to over 6,000 pupils; instruction at secondary level follows the Ministry of Education curriculum which includes secular and Islamic subjects.<sup>97</sup>

In the category governed by Ministry of Education Measure 15 (2), schools also teach a Ministry of Education-approved Islamic curriculum but do not

### The Meaning of Schooling

“Rongrian ekachon son sasana” is “Private school teaching religion”. This is different from *pondoks* that teach only religion, in that half the day in those Islamic schools is devoted to the secular curriculum taught in Thai in accordance with the Ministry of Education. Nonetheless, people often use the word *pondok* for both the private schools that provide both secular and Islamic instruction (for which the term madrasah is preferred) as well as the *pondoks* that teach only religion. Moreover, some parents say their children are “not going to school” when they are in *pondoks* teaching religion only, because in the mind of many Southerners, “school” is viewed as an education institution; the *pondok* as a religious and social one.

*Michiko Tsuneda, personal communication, November 23, 2004*

<sup>92</sup> MADMARN, H., 2002. The Pondok and Madrasah in Patani, University Kebangsaan Malaysia.

<sup>93</sup> KERSTEN, C [undated], The Predicament of Thailand's Southern Muslims, [manuscript] p. 9

<sup>94</sup> “(This number has changed little over the years, and by law no new *pondok* can be established. SOONTHORNPEST, S., [date unknown]Po-noh” moragot satabaan gar sueksaa gap garburanagar tang sasana lae Sangkom khong chao Malay muslim nai jangwat pad dai khong prathet Thai, (*The Pondok: The Legacy of Integrated Education, Religion and Society in Thailand's southern provinces*) unpublished manuscript in Thai), p. 21.

<sup>95</sup> *Ibid*, p.20-21. In addition to the provinces of Narathiwat, Pattani, and Yala, the act also covers Nakron Sri Thammarat, Pattalung, Phuket, Phang Nga, Ranong, and Trang.

<sup>96</sup> OFFICE OF PRIVATE EDUCATION, MINISTRY OF EDUCATION (photocopy) Subsidy levels are Baht 9,600 per lower secondary student; slightly over Baht 10,000 for upper secondary.

<sup>97</sup> PATTANI AREA 1 EDUCATION OFFICE, 19 May 2004. *Summary Information, Schools Teaching Islam and Pondok Schools.*



meet the physical space or curricular requirements for full subsidies. Participants in youth consultations report that students sit on the floor in some classrooms; with no fans and windows open all year round, rain and road noise both disrupt classes. The 15 (2) category includes two schools in Pattani.<sup>98</sup> The Government provides assistance with teaching and learning materials.<sup>99</sup>

Historically, financial support for *pondoks* without government support and for *tok guru* have come from voluntary community donations and, often, a 20-baht donation each month from the family of each student. (The community supporting a *pondok* might have extended well beyond the physical bounds of a village, since *tok guru* of high reputation would attract students from afar). Charitable trusts with income-producing property earn money for the *pondok*.<sup>100</sup> Islamic institutions have also benefited from contributions from Islamic philanthropists abroad.

*Pondoks* licensed by the Ministry of Education under the Pondok Education Act of 2004 reach a smaller number of students (44 *pondoks* teach 2,838 students in Pattani Education Area 1, about one-tenth the number educated in schools licensed under Measure 15 (2) referred to above.<sup>101</sup>

It should be noted, however, that comparable figures for all education areas in the south are incomplete. Data do not provide age break-downs; some *pondok* students are well beyond the age of 18 and include married couples who may live in and attend *pondoks* together to strengthen their understanding of Islamic precepts.

The 2004 government measures to register and support *pondoks* provide an opportunity to enhance education and development opportunities for many southern Thais. Education officials indicate that the

Institute for the Promotion of Science and Technology has taken on the task of strengthening teacher training in science for *pondoks*. The need for enhanced teaching capacity in languages (including Thai, English and other languages) and mathematics is yet to be addressed.

In the past, government pressure for *pondoks* to offer a standard secular curriculum has faced resistance from some *tok guru*, who see their students as “having received adequate training in Thai (all having completed Thai compulsory education) and in greater need of an Islamic education.”<sup>102</sup> The issue of government control of education has also been an issue for some in the Muslim community.<sup>103</sup>

Underlying Muslim doubts regarding government education policy are concerns that secular education is counter to the tenets of Islam<sup>104</sup> and amounts to forced cultural assimilation,<sup>105</sup> undermining the Muslim concept of education as a means of achieving happiness in the hereafter.<sup>106</sup> These doubts are strong enough that the extension of compulsory education from six to nine years has been viewed in some quarters as “aimed directly at getting Thai-Malay Muslim children to spend more years in the Thai educational system.”<sup>107</sup>

<sup>98</sup> OFFICE OF PRIMARY EDUCATION, MINISTRY OF EDUCATION. (photocopy)

<sup>99</sup> Information from the Pattani Local Education Area 1 office.

<sup>100</sup> MADMARN, *op.cit.* p.67.

<sup>101</sup> *Ibid*

<sup>102</sup> *Ibid*, p.63.

<sup>103</sup> *Ibid*, p. 63.

<sup>104</sup> *Ibid*, p. 74.

<sup>105</sup> HAEMINDRA, quoted in *ibid*, p. 79.

<sup>106</sup> *Ibid*, p. 68.

<sup>107</sup> *Ibid*, p.75.

Earlier government efforts to regulate Islamic education probably contributed to the impetus to widen the curriculum, and provided Muslim students with credentials recognized both within Thailand and abroad. Nonetheless, government regulation continues to be viewed with suspicion.<sup>108</sup> Some argue that the repeated targeting of schools through the history of violence in the south indicates that government education policies continue to be regarded as an intrusion into Malay-Muslim affairs and that secular education fails to prepare Muslims for social and cultural functions in the community.<sup>109</sup>

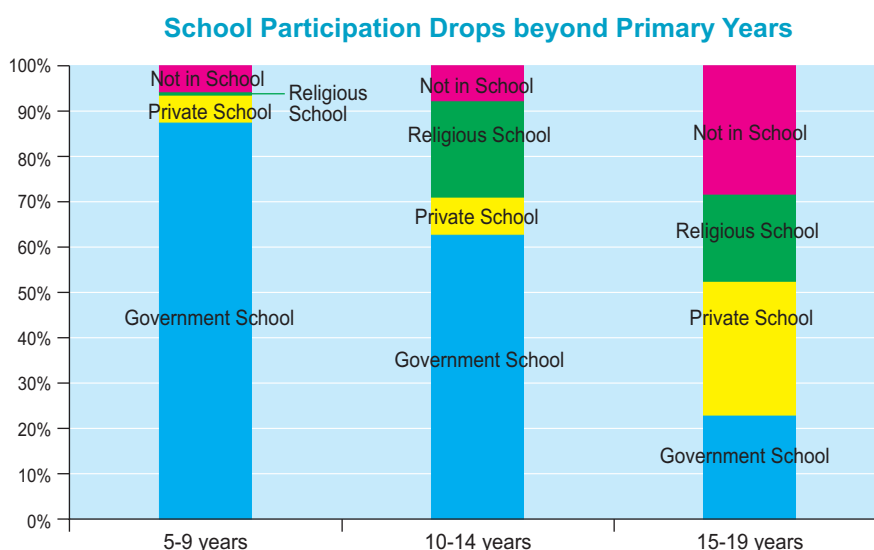
### 3.3.3 School Participation

While 95 per cent of children in early primary years attend government schools (located nearer to the homes of children, and requiring less transportation and other costs), about 60 per cent of those aged

10-14 remain in government schools, and only 25 per cent stay in government schools through the ages of 15-19.

Some 15 per cent of children of school age (83,000 children) are reported as not in school. There is no information on the education status of another 1.5 per cent (8,600 children).<sup>110</sup> Relatively few young children (5 per cent), but markedly more 15-19 year-olds (35 per cent), are not in school, according to government figures. Students attending unregistered *pondoks* are unlikely to be counted in many figures, and would not receive certificates recognized for entry into higher education.

Social scientists indicate that this picture of low school participation may be influenced by the cultural meaning of “school” and therefore omit those attending *pondoks* (See box above). Nonetheless,



Source: NSO, 2003. Survey of the Structure of Muslim and Buddhist Population in Yala, Pattani and Narathiwat

<sup>108</sup> *Ibid*, p. 79 quotes Haemindra (1977) as characterizing the Thai policy of national education as one of “forced assimilation.”

<sup>109</sup> KERSTEN, p.17-18; Pitsuwan, p. 167.

<sup>110</sup> NSO, 2003. *Structure of Buddhist and Muslim Population, Narathiwat, Pattani, Yala, 2003*, Table 9.

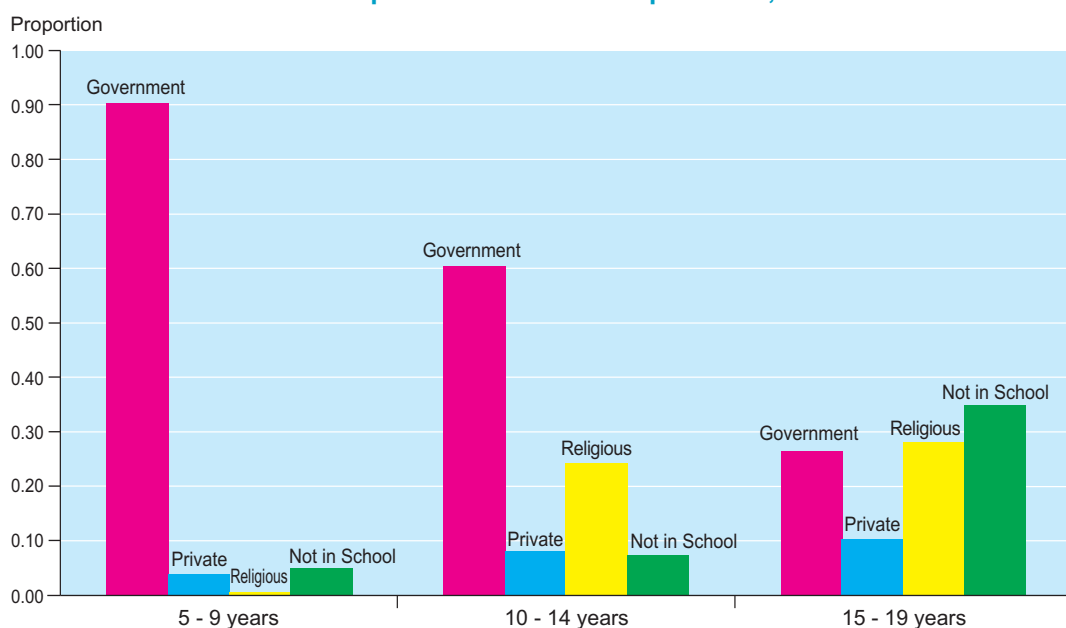


school participation in the border provinces falls below government targets, and the aspirations of families. The issue is particularly acute in rural areas, as the next graph demonstrates.

Of the roughly 5 per cent of children of primary school age who do not attend school, some are children of fishing families living at sea, others the

children of labourers on land, according to local leaders. Young people indicate that some parents place little value on education, although this might instead reflect the perception that labour is more valuable than schooling, as well as deep poverty in the home.

**2004 School Participation Outside Municipal Areas, Border Provinces**



Source: NSO, 2003. Survey of the Structure of Muslim and Buddhist Population in Yala, Pattani and Narathiwat

The issue of low school participation cuts across the entire region, is more acute among boys than girls, particularly among older rural boys, affecting both rural Buddhists and Muslims. Low secondary school participation is an issue throughout Thailand, with only 54.3 per cent of males and 56.5 per cent of females in school.<sup>111</sup>

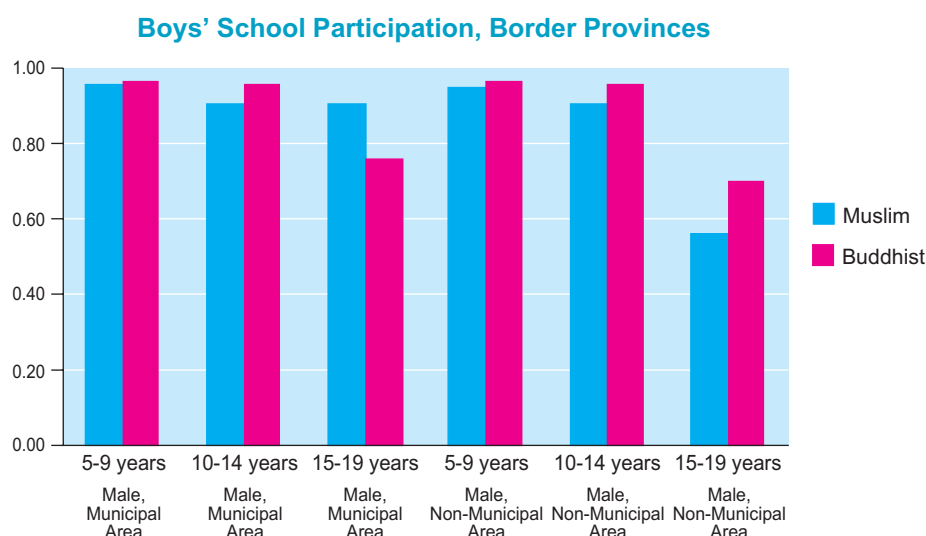
### 3.3.4 Reasons why fewer older children attend school

Nationally, 82 per cent of those of secondary school age attend school. According to recent data for the far south, 92 per cent of 10-14 year-olds attend school, dropping to 63 per cent (114,000 students) among 15-19 year-olds.<sup>112</sup> Twenty-four per cent (44,000) of 15-19 year-olds attend schools providing religious instruction. Over 36 per cent (66,000) are

out of school or no information on school status is available; of these, some 8,700 are in the work force.<sup>113</sup>

An unknown number of unemployed out-of-school youths receive *pondok* training. Low school enrollment of older children in the south appears linked to several factors: religious and cultural preference for Islamic training,<sup>114</sup> frustration with early education in a language not spoken at home (nearly three-quarters of rural Thai-Malay households speak no Thai at home),<sup>115</sup> access to secondary schools, quality, security, cost and relevance of school to future employment opportunities.

There are some indications that young people and many parents would prefer government or private Islamic schools, but extreme poverty limits the ability



<sup>111</sup> UNESCO, *EFA Global Monitoring Report 2003/4*, p. 347.

<sup>112</sup> The NSO age categories overlap Thai school age groupings; the 10-14 age group, for example, includes some still in primary school (which extends through age 12).

<sup>113</sup> School participation figures from NSO, *Buddhist and Muslim Population Structure and Urgent Problems*, Table 5; labour, NSO labour Force Survey.

<sup>114</sup> MADMARN, *op. cit.*, p.63; KERSTEN, *op. cit.*, p.17; Pitsuwan, *op.cit.*, p pp. 49-50, 275.

<sup>115</sup> NSO, 2004, *Buddhist and Muslim Population Structure and Urgent Problems*, Yala, Patani and Narathiwat, 2004, Table 5.



of households to afford the expenses, including uniforms, transportation, textbooks, and, in the case of private schools, tuition.<sup>116</sup>

Urban parents complain that their children studying at government schools are losing the ability to speak Malay, resurrecting lingering fears that the distinctive culture and language of the region will disappear. In discussions of bilingual education, participants at the final Consultation indicated that the real need in urban areas is for instruction in the local dialect to prevent its disappearance. In rural areas, however, primary school children who study in the Thai language remain at a disadvantage compared to their urban peers, who have more exposure to television and to the use of Thai in daily life. Responding to their needs would require bilingual education in the local dialect, rather than the Malay language, during the earliest years.

Young people themselves indicate that poorly educated parents assign low importance to education for their children, and also lack money to send older children to school.<sup>117</sup> They view the quality of

education as poor because of inadequate government budgets. Young people perceive males as having greater education opportunities than females, and indicate that family problems, a lack of self-discipline, and limited post-secondary education and training opportunities further limit school participation. Muslim teens involved Youth consultations, as organised by a local NGO, on the problems facing children and young people indicated that young people who are unemployed or underemployed are more susceptible to encouragement to engage in anti-social behaviour, including violence, which can be ideologically motivated.

To return to the question as to why so many young people are out of school, a partial answer lies in what is being counted. Many young people recorded officially as “out of school” attend pondoks. Despite the registration of pondoks in 2005, official reports of the actual numbers of students attending each pondok remain patchy at best, based on an examination of records received from local area education offices in the region.

<sup>116</sup> TSUNEDA, M., November 1, 2004. Personal communication..

<sup>117</sup> An NSO national study shows lower secondary-aged children from poor families more than twice as likely to work as their peers from non-poor families, although the expansion of compulsory education has greatly reduced work in this age group, to 2.1% of poor and 1% of non-poor children. NSO, *Raingan chern wikroh ruang dek lae yaowachon yak jon gap ogad tang gan sueksaa (Analytical report on educational opportunities of poor children and youth)*, 2547, p. 30.

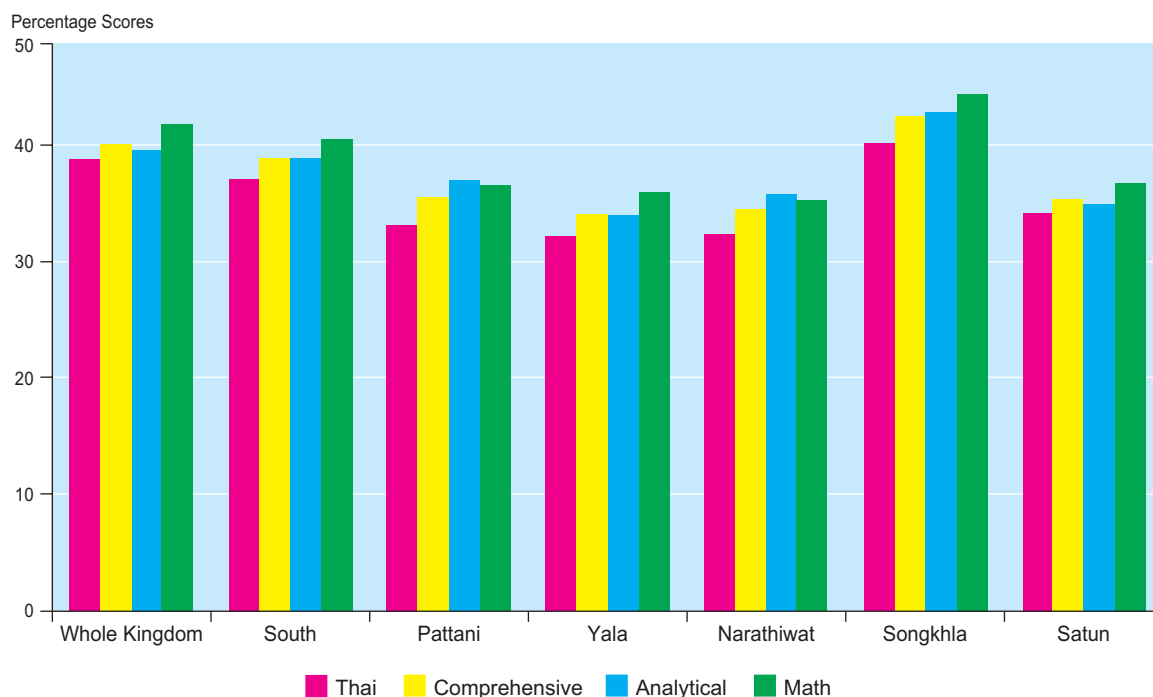


### 3.3.5 School achievement

Despite government and Muslim community efforts, education in the southern region falls short compared to other Thai regions. As the graph indicates, of the five southern provinces of interest in this assessment, only Songkhla meets or exceeds the national averages of student achievement scores in all categories, based on information from the National Educational Assessment Office.

These achievement shortfalls do not appear to be linked to any lack of intellectual capacity in the far south. IQ scores of both urban and rural southern children (U and R, respectively, in the following graph) skew to the higher ranges when compared to their peers in the urban and central regions and urban Bangkok children, although rural children do not perform as well on IQ tests as urban children in the south.

Upper Secondary Student Achievement, 2001



Source: Office of School Assessment, (reported in NESDB Interim 9<sup>th</sup> Plan Assessment)

Education officials see six principal reasons for low achievement:

- Language and resource gaps (especially in rural schools)
- Weaknesses in the learning environment
- Nutrition and sanitation
- Monitoring and support for teachers
- Ongoing civil strife<sup>118</sup>

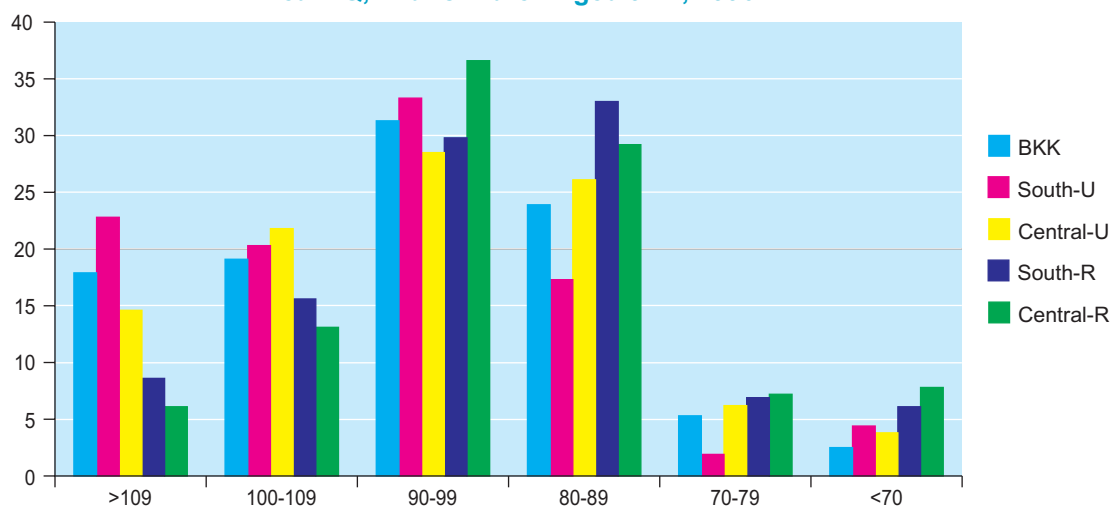
Language issues are considered to be an important reason for low achievement levels in schools. Malay is spoken in most homes in the border provinces (Narathiwat, Pattani and Yala), in contrast to Satun province, where most people speak Thai. Consultations with young people in the south identify some problems hampering the learning environment: road noise and rain entering classrooms, a lack of fans, and inadequate libraries, computers, canteens and sports facilities.

### Education and Language, Southern Provinces

	Narathiwat	Pattani	Yala	Satun	Songkhla
Muslim population (per cent)	82	80.7	68.9	67.8	23.2
Population speaking Malay (per cent)	80.4	76.6	66.1	9.9	4.6
Average years of education attainment, population aged under 15	5.9	6.0	6.6	6.7	7.5
Population aged 6-24 years not attending school (per cent)	38.2	39.4	34.9	36.8	36.5

Source: NSO, Population and Housing Census 2000, <http://www.nso.go.th/pop2000/finalrep/narathifn.pdf> and related reports for other provinces

### Mean IQ, Thai Children Aged 9-12, 1996



Source: Choprapawon et al, 2003

<sup>118</sup> Avudh Sekmethi, Director, Office of Private Education, Ministry of Education, January 17, 2005, personal communication.

### 3.3.6 Girls' Education

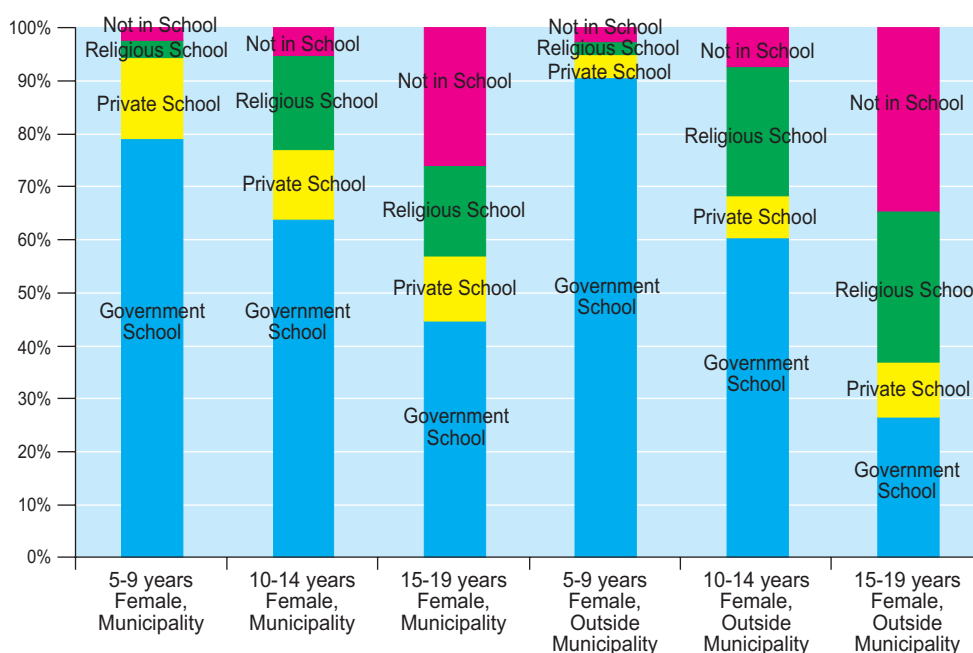
The critical issue in school participation is not one of gender, but of rural-urban differences. Both boys and girls in the older age groups in rural areas are nearly 10 per cent less likely to attend school than those in municipal areas.<sup>119</sup>

Higher proportions of *girls* than boys remain in school as they grow older (66% and 59% of 15-19 year-olds, respectively). As children grow up, religious schools are increasingly important—more so in the education of girls than of boys, perhaps reflecting the perception expressed by young people of fewer post-secondary opportunities available to girls than to boys, perhaps reflecting cultural preferences for

religious instruction of girls before they take on the responsibilities of wives and mothers—and reflecting the larger number of boys who leave the education system entirely in their late teens. As the size of the red portion of the bars in figure below indicates, girls also leave the school system in large numbers after reaching the age of 14.

Whilst the presence of larger numbers of girls than boys in the education system may indicate an education system where girls have an advantage, questions arise as to whether this is simply because a better-educated girl or woman is seen as a better bride prospect. Observers indicate that, while both male and female Muslims find themselves less empowered than Thai Buddhists, young women are

**Girls' School Participation Declines with Age  
(NSO, Narathiwat, Pattani and Yala, 2003)**



Source: NSO, 2003. Survey of the Structure of Muslim and Buddhist Population in Yala, Pattani and Narathiwat

<sup>119</sup> NSO. 2003. *Survey of the structure of Muslim and Buddhist Population in Yala, Pattani and Narathiwat*





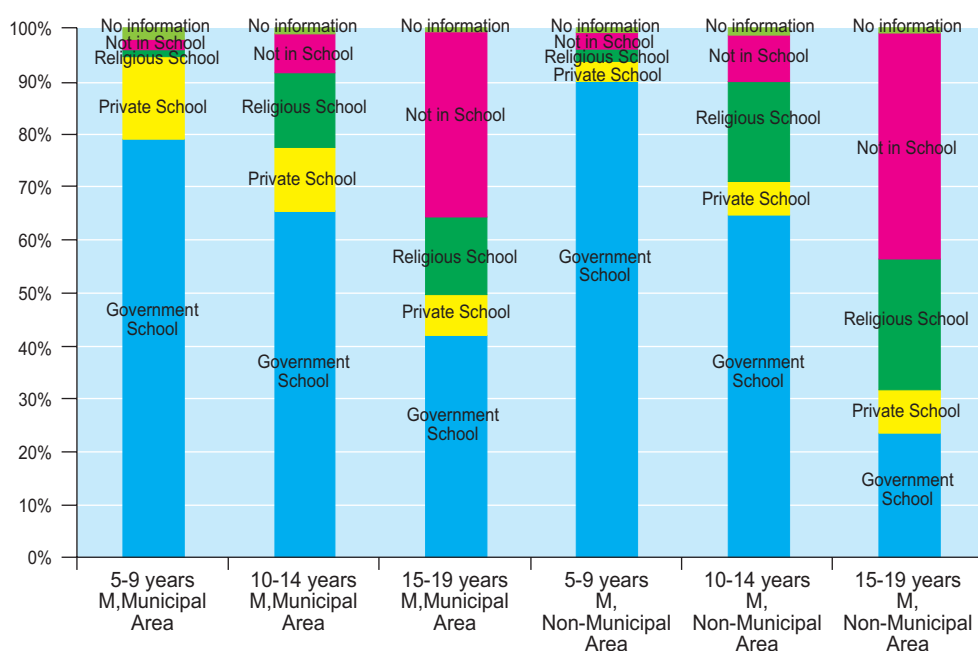
more disempowered than young men. Marriages are often arranged by parents, and even well-educated women perceive limitations on their capacity to make decisions.

### 3.4 PROTECTION OF CHILDREN AND YOUNG PEOPLE

Issues requiring greater attention of child protection authorities include young people in the labour force, legal protection for young people caught up in violence, trafficking and prostitution, and physical and sexual abuse of children.

Youth consultations indicated that health and safety protections are often ignored; young workers are routinely paid less than the minimum wage (particularly an issue for under-age workers); and the absence of labour protection for those working in Malaysia is a major issue (one estimate is that over 100,000 workers from Narathiwat, Pattani, and Yala are working in Malaysia at any given time).<sup>120</sup> PSU Consultations elicited unconfirmed reports of both labour and sexual exploitation of young workers in Malaysia. For many young people, the labour issue is simply a lack of jobs within the region.

**Boy's School Participation Lower than Girls'**



Source: NSO, 2003. Survey of the Structure of Muslim and Buddhist Population in Yala, Pattani and Narathiwat

<sup>120</sup> Informal estimate of local politician.

Under the Child Protection Act of 2003, young people caught up in violence are subject to a process which involves notifying the child protection authorities to ensure their rights. It is important to create a stronger understanding among security forces of the rights of those accused and the specific steps required to ensure those rights. The issue, of course, extends beyond young people to the problem of creating an understanding and a process to ensure the rights of all, whether involved in criminal behaviour or not.

Sexual coercion, including that which occurs within the home, was mentioned as an issue, although no hard data are available to indicate the scope of the problem, and sexual coercion in the home is not viewed as a subject to discuss with outsiders. As noted in the above section on adolescence, marriages are sometimes arranged by parents. Polygamy is still practiced.

The relatively high numbers of teen pregnancies and abortion bear re-statement in relation to protection concerns. Teen pregnancies accounted for 11.4 per cent of 20,361 deliveries in Songkhla Province in 2004; reaching as high as 23 per cent in the border district of Sadao and 14 per cent in Naa Tawee. Some public health staff express private (and anonymous) concerns that the high number of abortions is driven partly by unwanted pregnancies among young women, but indicate that hard data which would allow determination of the scope of the problem, are lacking. Teen marriage is not uncommon, and is the most likely outcome of an unwanted pregnancy if parents learn of the pregnancy. Again, data from Songkhla indicate there is a problem. Abortions accounted for a large percentage of all pregnancies in a number of districts, including Sadao, which had 462 per thousand, and Chana, which had 195 per thousand. In rural areas, this raises a question of the nature of the protection and reproductive health context driving

the high numbers. For example, in Sadao, a border town, much of the issue is likely related to unwanted pregnancies among commercial sex workers – but taken in combination with the teen pregnancy figure of 23.5 per cent in Sadao.<sup>121</sup>

Finding ways to open a discussion of these issues and their impact on young women is critical, but highly sensitive. Reproductive health specialists who have worked in Islamic communities elsewhere find that Muslim women in Thailand's far south exhibit less sense of agency and control of their lives than their Indonesian and Philippine peers.

Capacity constraints in child protection are becoming clear as provinces nationwide begin efforts to implement the Child Protection Act. Restrictive requirements for members of multi-disciplinary action teams have made it nearly impossible to find individuals with the required qualifications and formal work experience with children, denying a legitimate role to interested individuals. Civil society capacity in Muslim communities of the southernmost provinces is largely found in religious institutions, including local mosques and the Muslim Youth Association. Secular civil society institutions are limited; some work on environmental issues, and a few Bangkok- or Hat Yai-based organizations implement activities in the south with local partners.

<sup>121</sup> Report 2004, sarup pol garn damnern ngan anamai mae lae dek jangwat Songkhla, 2547 (*Songkhla Annual Health Report*)



### 3.4.1 Prostitution and trafficking

Trafficking related to the commercial sex industry largely involves Shan, Yunnanese and other minority group girls and women who traverse the area on the way to Malaysia. Brothels are found in the region, principally at border crossings, but the extent of exploitation of under-age girls in trafficking and in brothels is not known.

In small group discussions conducted during the PSU Consultations, many participants demonstrated great reluctance to address these issues. The rationale offered was that prostitutes are from outside the region, and therefore not the problem of local communities. During PSU Consultations, a small core of Muslim women, however, indicated that “these are *our* problems; they undermine our communities and endanger our children”. Some young people held the view that the presence of prostitutes was a factor leading young Muslim males into taboo behaviours – although there are likely other contributing factors.

Young people involved in the parallel Asia Resource Foundation consultations indicated that some Muslim male youths visit prostitutes. They suggested that some of their peers have been led into prostitution by images on TV and in movies and a desire for material items. One observer noted that people have difficulty acknowledging some issues, and this is a problem that must be tackled before further action can be taken. Within the region, civil society capacity to address trafficking remains limited.

Given the long coastline and the number of crossing points for traffickers of humans on the Malay border, a number of routes may be taken. It appears that most girls cross into Thailand from the North (from the Shan states and elsewhere in Myanmar, and, less frequently, from China) by car to the southern

border. Burmese males and females may enter Thailand at Ranong, from where they may then be trafficked to Malaysia or sold to trawlers operating out of Thai ports. Episodic reports indicate that deportees arriving from Malaysia may be held for sale into fishing or other labour in conditions that can only be described as slavery. Additional information and increased government and civil society capacity would be required to engage in an effective effort to combat trafficking.

## 3.5 PARTICIPATION

Young people indicate there is little opportunity to discuss and contribute to democratic decision making. Culture and local practice, adult distrust of the capacity of young people to make informed decisions, and the lack of confidence and knowledge among the young themselves all were mentioned as obstacles in Asian Resource Foundation youth consultations. Two further issues were raised by young people: rural young people have less opportunity and capacity to participate, and opportunities fall to the same group of young people time after time. Restriction of opportunities to participate is greatest for girls in conservative communities; NGOs report that community and school leaders refuse to allow girls to participate in some health education activities. (Activities included reference to reproductive health and AIDS risk; although these are sensitive subjects, girls have a right to information which affects their lives.)<sup>122</sup> Some of the conservative schools impose a strict segregation of the sexes; in the most conservative settings, curtains divide the classroom; elsewhere, boys sit at the front; girls at the back.<sup>123</sup>

<sup>122</sup> PATH Thailand, 1998, *Integrating Drug Prevention in a Muslim Adolescent Health Program*, Bangkok, p. 9.

<sup>123</sup> *Loc cit.*

Students maintain that frequent changes in the educational system do not involve them and reduce their opportunity to participate within their own schools. *Pondoks* provide a clear role for superior students as helpers of the *tok guru*, assisting younger children with their lessons. It appears that the helper role largely goes to young men; the role of women is rather limited in *pondoks* and schools teaching religion (which originated as *pondoks* before upgrading many years ago). Women tend to be

concentrated in administrative positions and in the teaching of secular subjects, while men occupy top leadership and religious instruction posts.

The impact of unrest further limits opportunity, affecting adults and well as young people. The general climate of military control and uncertainty disempowers the entire region and may legitimize restricting the participation of youth in constructive ways.







# 4.

## INSTITUTIONAL CHALLENGES AND RECOMMENDATIONS

Many of the challenges which face the south fall beyond the scope of this assessment. But addressing those issues which relate directly to the UNICEF mandate by engaging families including children and young people, the community, community and religious leaders, and government officials deserves to be part of the larger effort to bridge the divide between the south and the rest of Thailand. A few major issues deserve consideration for immediate action:

- Early childhood development
- Reproductive and maternal health
- Strengthening the quality and capacity of the education system (focusing on the newly-registered *pondoks*, but also including established government and private schools in rural areas)
- Adolescent health and development
- Protection of the rights of children

Development of the capacity of civil society to address HIV challenges should be considered as part of a larger effort to strengthen non-governmental responses to realize the rights of children and young people in southern Thailand. This report has noted the long-standing gap between government and local communities. Bridging this gap is a worthy, but longer-term, goal.

The current strife has further isolated government agencies from the population. Civil society has demonstrated the capacity to work effectively with southern communities. Support to bridge gaps in civil society capacity (such as skills gaps in participatory action research, communications and life skills)<sup>124</sup> has the potential to contribute to the long-term sustainability of civil society and community responses to the challenges identified in this report. These challenges range from early childhood development to issues concerning the mental and physical health of adolescents and issues of maternal care and parenting skills.

### 4.1 Enhancing education access and quality

Strengthening school quality is one of the most urgent potential responses to the concerns expressed by adults and young people. Both registered *pondoks* and rural schools in general are in need of enhanced physical facilities and learning resources. In-service training of teachers has been identified by educators as an area for improvement, contributing to improved instruction in secular disciplines. Mathematics and languages, as well as

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<sup>124</sup>BAMBER, S. UNICEF trip report, 3/12/04.



market-relevant vocational training, are viewed as areas where external support would be especially valued, and these should be coordinated with agencies already involved in addressing needs in science teaching. Engaging *pondoks*, schools, communities and young people themselves in charting the course of changes in education would provide an important opportunity to bring Buddhists and Muslims together. Other recommendations in the education sector which deserve attention include the following:

- Facilitate school entry at age six for all children, and ensure measures are in place to retain them in school
- Identify school-aged children not attending school
- Develop extended family and community cooperation to ensure that children of working parents are taken to school
- For children of sea-going families, develop appropriate materials for home-schooling, and work with families to address constraints that prevent children attending formal schools
- Ensure that primary school teachers are appropriately trained regarding the mental and psychological state of the age group, and have appropriate subject matter training
- Improve school management to address difficulties children face in adjusting to school
- Ensure that all children are treated equally
- Improve school surroundings and resources; given the focus above on reducing parasitic infections among younger children, ensuring that toilet and washing facilities provide no breeding grounds for parasites should be taken into consideration
- Encourage bilingual classrooms (Thai and the local dialect) in the critical early years and ease the transition to Thai instruction
- Facilitate parental involvement in children's education
- Improve school safety
- Develop bilingual home schooling materials, with a brief training program and system of support, to contribute to the education of children of sea-going families
- Work with schools and communities to develop greater opportunities for youth participation
- Explore efforts to reduce the out-of-pocket costs of mainstream schooling
- Develop and implement a nationwide curriculum covering the country's religious and spiritual traditions, including modules on Islam, Christianity, Hinduism and animism in addition to Buddhism
- Create opportunities for young people to interact with peers across religious and cultural groups, emphasizing creativity, expression, and cooperation
- Strengthen access to information among both Buddhists and Muslims regarding post-secondary educational opportunities

## 4.2 Early Childhood Development

PSU Consultations, secondary data, and the results of ongoing research strongly indicate the need for integrated early childhood development interventions in the south. Issues to be addressed include low birth weights, developmental delays, sanitation and hygiene issues, immunization rates lower than reports would suggest, and caregiver deficits.

Public health professionals in the south believe that the Ministry of Public Health does not know the extent of maternal and child health and development challenges. The problem of widowhood is not widely



acknowledged, and few interventions are available to help widows and their families. PSU public health researchers are looking for evidence-based interventions which the Ministry and localities can implement, and are clearly developing such an evidence base. There is potential to build on that base to pilot programs with potential for broader implementation across the south.

UNICEF has credibility within southern Thailand regarding early childhood development, based on earlier efforts with partners in the region. As a first step, UNICEF needs to determine to what extent the curriculum developed for use in Muslim communities has been used, whether it is fully adapted with respect to culture and language, and why it has had little apparent impact on child growth and development in the region.

Opportunities exist to extend the use of materials by developing, for example, brief pamphlets in the local dialect, or heavily illustrated, for distribution to parents. The Yala Public Health Office is cooperating with the Muslim Youth Association to develop a culturally-appropriate health publication covering a range of issues, including, among others, maternal nutrition, parasites, adolescent health and psychology. The availability of such a publication provides opportunities to engage with Imams on issues of concern to UNICEF.

Potential recommendations emerging from UNICEF consultations and discussions with public health professionals include the following:

- To undertake a comprehensive district-level effort to eliminate intestinal parasites, including testing, medication, re-testing, sanitation improvements in and around homes and child care facilities, with

increased focus on maternal and child hygiene

- To ensure that all infants receive a complete course of vaccinations
- To implement standards for child care facilities, and ensure availability of adequate resources (human, physical, and financial)
- To train caregivers in creative and stimulating approaches to child care, for example the use of singing, music and games

#### 4.2.1 Public Knowledge and Awareness

- To develop and disseminate a culturally appropriate local language translation of the UNICEF-supported *Facts for Life* publication
- To review earlier UNICEF-supported child care manuals and address any issues hampering widespread distribution
- To implement parenting preparedness training to help both mothers and fathers understand the physical, intellectual, emotional, social, and psychological dimensions of bringing up a child
- To strengthen understanding of the developmental needs of infants and young children and the importance of the following:
  - » Breastfeeding with no dietary supplements before the age of six months
  - » Including protein, iron and iodine with rice after the age of six months;
  - » If canned or packaged milk is added to the diet, *avoiding* sweetened milk
  - » Avoiding packaged snacks for infants and young children and discouraging their sale in and around schools
  - » Improving sanitation of washing and bathing area behind the house to avoid harboring parasites

- » Encouraging mental development through the following
  - Interaction with the child, including talking, singing and playing
  - Hanging home-made mobiles above the crib to stimulate eye and brain
  - Encouraging the growing child to explore surroundings (ensuring the safety of the area)
  - Providing toys and other resources which stimulate the mind and development of motor skills (these can be locally made blocks and balls)
  - Encouraging families to eat together to develop greater interaction and understanding from the child's earliest days
- » Oral hygiene
  - After feeding, wiping the infant's teeth with a clean damp cloth
  - Assisting children up to the age of six to brush their teeth correctly
  - Avoiding snacks, sweets and carbonated or sweetened beverages

### 4.3 Reproductive and maternal health

While a number of issues reflected in this report require strong action on the part of the public health system, the issues of maternal and reproductive health can most fully be addressed by engaging the full commitment of women's groups, religious leaders, and women themselves. Specific issues include the following:

- Increase the numbers of female obstetric and gynecological specialists, preferably from the region
- Improve the monitoring of pregnant women (by health care professionals, village health

volunteers, and midwives), developing clear protocols for steps to be taken in cases of edema, low weight gain, anemia and other problems

- Improve monitoring of childbirth (by health care professionals, village health volunteers, and midwives), with clear actions to be taken in home births needing hospital attention
- Support efforts to improve monitoring and reporting of reproductive health and HIV/AIDS issues, and the integration of HIV into mother and child health programming
- Increase dietary knowledge among pregnant and nursing mothers to encourage them to consume more calories, red meat (including liver), fiber, iodine and calcium
- Midwives, village health volunteers, and health care professionals working with young mothers must stress the critical need to wash hands after using the toilet and before handling the child
- Adolescent Health
  - » Involve Imams and Buddhist monks in addressing the psychological and environmental factors in drug use and HIV/AIDS risks, and religious and cultural norms which may protect young people
  - » Strengthen skills among parents, teachers, religious leaders and health workers in talking with young people about drugs and sexuality
  - » Provide Life Skills Training and educate adolescents about the dangers to mother and child of early pregnancy, and strengthening the relevance of schooling to future opportunities
  - » Establish a space and facilities (such as an anonymous hotline) to enable young people to get answers to questions they feel reluctant to raise with parents or others in the community



- » Work with NGOs and youth groups to strengthen and extend the use of youth forums and other means of encouraging youth participation
- » Work with NGOs and youth groups to provide a venue for young people to discuss issues, access accurate information and develop solutions
- » Fully engage young people in making decisions about program directions

## 4.4 Protection

- Ensure that all births, including home births, are registered, regardless of the nationality of parents, and that the parents of children born abroad report the birth to the Thai Embassy
- Eliminate misunderstandings and remove stigma surrounding childhood disability
- Address child labour and other issues of exploitation by supporting the development of local (municipal and other local government) implementation structures for the Child Protection Act and the Anti-trafficking Act
- Ensure that Child Protection Units exist in each province, with a clear knowledge of roles and responsibilities, and with multi-disciplinary teams as action units
- Work with central agencies to relax overly restrictive criteria for multi-disciplinary child protection action teams
- Improve coordination among agencies with child protection responsibilities to ensure the protection of the rights of children and young people, including those caught up in violence
- Strengthen protection systems for girls, especially rural girls
- Strengthen understanding among service providers of the rights of youth to access public services
- Develop and distribute local dialect translations of the Child Protection Act, the Anti-trafficking Act, and other relevant legislation
- Explore issues of family violence and unwanted sex
- Support the development of anonymous hotlines and a youth-friendly environment to respond to concerns of young people.

While civil society is less diverse and represented by a smaller number of NGOs in the south than elsewhere in Thailand, the religious component of civil society is vibrant and reaches into most communities. Educational institutions present a wealth of knowledge, research capacity and strengths in developing programs appropriate to the region. Partnering with these local institutions – and encouraging the development of new ones to fill the gaps – to implement programs, to highlight issues which may have been overlooked by central government agencies, and to work to develop resources and capacity to fully address challenges facing children and young people will be a crucial element in broader efforts to close the development gap between the far south and the rest of the country.

Interventions in these four major program areas will be strengthened by applying two principles, cutting across all programs.

**Involving communities and young people** in planning interventions is necessary to ensure that programs respond directly to the needs of southern communities, that there is an atmosphere of mutual respect and concern between government officials and communities and that the alienation of young people is reversed.

### **Harnessing the power of information.**

The hunger for information on a number of the issues addressed in UNICEF-supported consultations suggests that many communities have little access to the information they need to change lives. Using mass media and working with religious leaders to ensure that all communities can access accurate information is critical, since some of the challenges identified here could be addressed by individuals themselves if they were properly informed.

The commitment of the Government to address the underlying development conditions in the southernmost provinces provides an opportunity to address long-standing issues hampering the optimum growth and mental, emotional and physical development of children and young people.

