

ADDRESSING THE GAPS

KEY RESULTS FROM THE MULTIPLE INDICATOR CLUSTER SURVEY THAILAND 2019

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Introduction

The Thailand Multiple Indicator Cluster Survey (MICS), conducted by the National Statistical Office (NSO) every three years with UNICEF's support, is the largest national survey on the situation of children and women in Thailand. The sixth Multiple Indicator Cluster Survey for Thailand (MICS 6) collected data for over 150 indicators on the health, development, and protection of children and women in over 40,000 households across Thailand from May to November 2019. The survey shows progress in many key areas, including a significant drop in adolescent birth rates and violent discipline at home. Yet, it also underlines worrying trends in child nutritional status among children under five and school drop-out among secondary school-aged children.

Addressing the Gaps: Key Results from the Thailand Multiple Indicator Cluster Survey 2019 provides an overview of the progresses made, along with challenges. The report focuses on key aspects of children's well-being, including child nutrition, breastfeeding, early childhood development, school attendance, foundational learning skills, parental involvement, child discipline, child marriage, adolescent pregnancy, and children living apart from their parents. The report highlights some disparities – or 'gaps' – among different population groups. For most of the key result indicators, these disparities are observed across different levels of household wealth and maternal level of education, language of household, as well as between regions and urban-rural populations.

Significant progress has been made in several aspects of children's well-being since the last MICS survey in 2015. According to the latest estimates, adolescent birth rates have declined significantly, as well as rates of violent discipline at home and improvements in the attendance of early childhood education is noticeable. However, survey results highlight the persistence of a distinct double burden of malnutrition in Thailand with 13 percent of children under five years stunted for their age, whilst 9 percent of children of the same age group are overweight or obese. Related to child nutritional status, breastfeeding practices also remain suboptimal in Thailand with just 14 percent of children under 6 months being exclusively breastfed, a decline of 9 percentage points since 2015.

This report finds children from the poorest households and non-Thai speaking households consistently fairing worse than their peers on several key indicators. This publication has important program and policy implications for addressing the inequalities faced by the children in Thailand and is an important first step towards helping the government and its partners improve children's well-being, so that all children – particularly those who face the worst deprivations – are able to achieve their full potential.



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Representative
UNICEF Thailand

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CHILD NUTRITION



Every child has the right to survive and thrive. Optimal nutrition can help shape children's lives; improve their physical, mental, cognitive and emotional development; protect their health; and lay a firm foundation for them to realize their full potential. Well-nourished children are also better able to participate in and contribute to their communities, and more likely to be resilient in the face of disease, disasters and other global crises. From conception to a child's second birthday, the first 1,000 days of life provide a critical window in which adequate nutritional inputs can make the difference between a child surviving or thriving, as children's brains and bodies rapidly develop. After two years of age, reversal of nutritional deficiencies becomes more difficult.

Early nutritional deficits are a significant contributing factor to under-five morbidity and mortality. Chronic malnutrition results in stunting – an irreversible condition that not only affects children's growth, but can also cause the delayed cognitive and motor development of children. On the other hand, overnutrition – which results in childhood overweight and obesity – is associated with an elevated risk of being overweight and obese in adulthood, as well as early onset of non-communicable diseases. Furthermore, children affected by overweight and obesity are at higher risk of developing behavioural and emotional problems due to stigmatization (including self-stigmatization), low self-esteem and mental health problems. The double burden of malnutrition which is characterized by the co-existence of both undernutrition and overnutrition, presents a growing public health challenge, putting considerable strain on health systems, as well as reducing economic productivity.

KEY INDICATORS

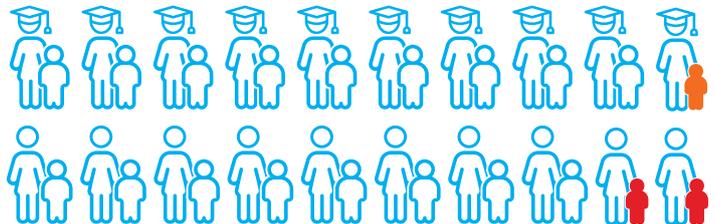


- Percentage of children under 5 years of age who are underweight, stunted, wasted, and overweight.

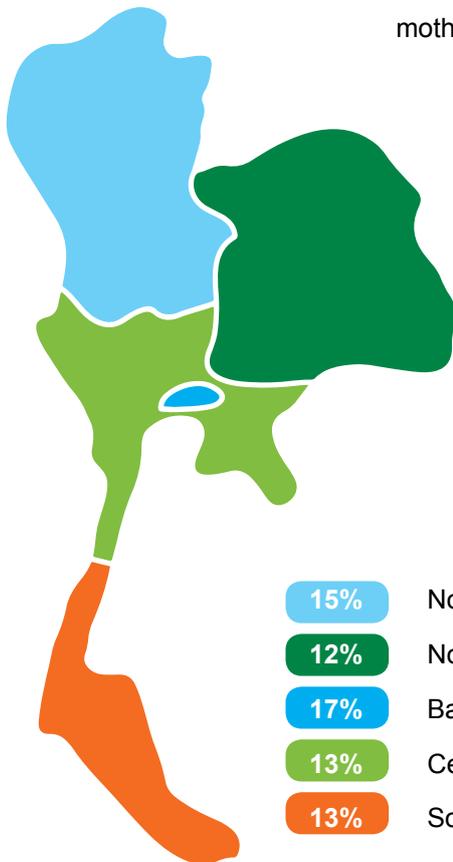
Key results

Around 500,000 children

under 5¹ in Thailand are stunted



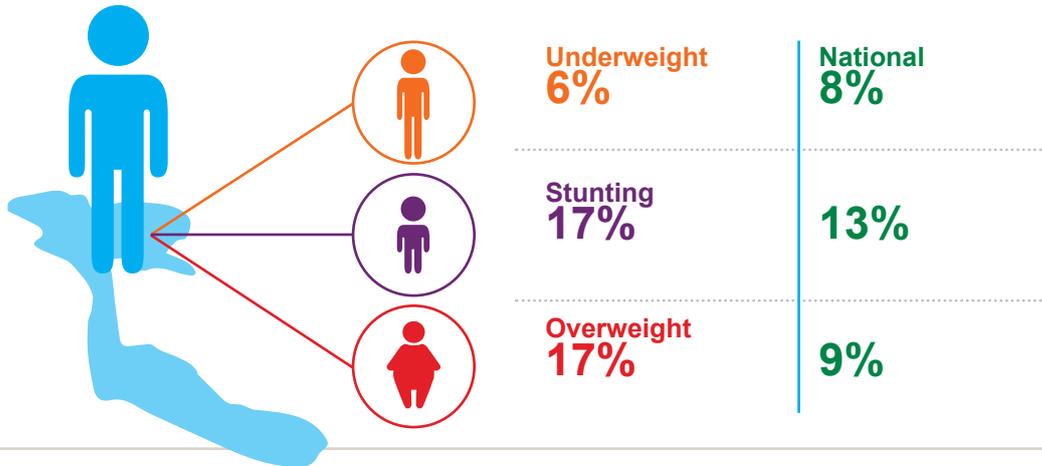
1 in 10 children under 5 is stunted (13%), and among children whose mothers had no education, the figure increases to **2 in 10** (19%).



Stunting is more common among children from the poorest families than in children from the richest families.

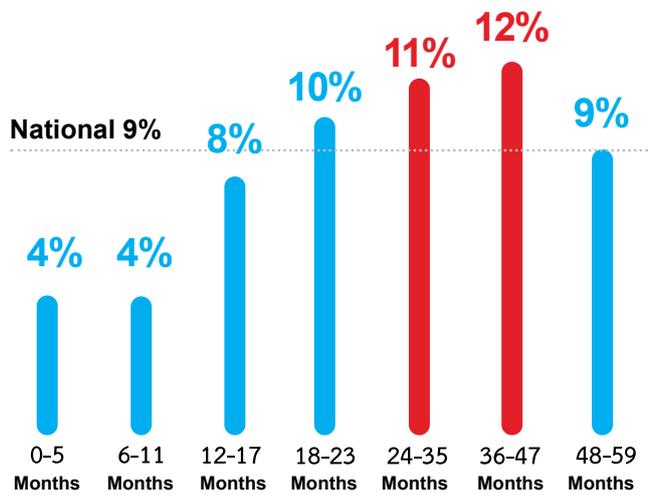
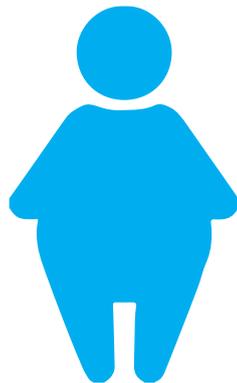
¹ Calculated from 2019 data by Department of Provincial Administration

Among all the regions in Thailand, Bangkok has the highest prevalence of stunting and overweight.



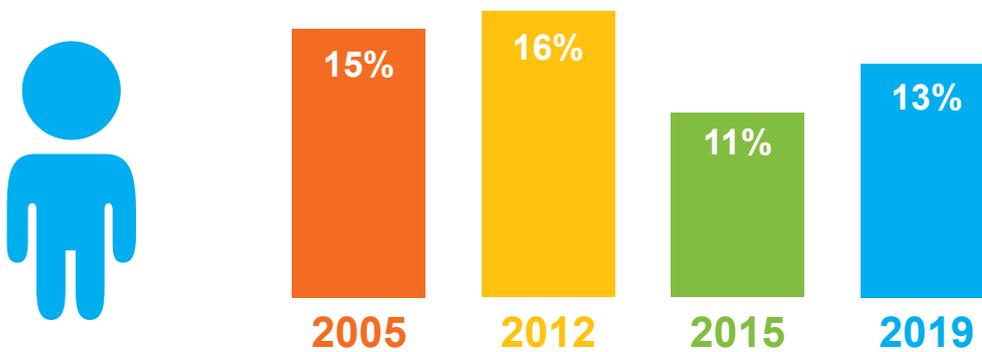
Overweight 1 in 10

children under 5 is overweight,² and the figure is highest among children aged 36-47 months



Percentage of children under 5 who are stunted

Comparison of MICS 2005 to 2019 data



² Overweight means too heavy for height

Policy recommendations

- Integrate a comprehensive life cycle approach to national nutrition programming, which focuses on breaking the intergenerational cycle of malnutrition, during the first 1,000 days of life (from conception through to a child's second birthday), as well as middle childhood and adolescence.
- Strengthen maternal nutrition counselling and support during routine antenatal and postnatal care for pregnant and breastfeeding women, ensuring that mothers from the poorest households also have equal access to these routine health services.
- Expand Child Support Grant coverage to include all children under 6 years of age, as well as pregnant women, and monitor its impact for continuous quality improvement.
- Increase investment in large-scale social and behaviour change communication interventions with context-specific messaging about the benefits of nutritious diets and physical activity for children, using effective delivery channels to target the most vulnerable population groups, especially poor urban households.
- Tighten regulations on the marketing of junk food and sugar-sweetened beverages to children, including advertising through digital media.
- Develop a comprehensive set of national recommendations on school-based food and nutrition standards, which includes restricting the marketing of unhealthy foods (such as street-side snacks) in and around schools. This may also include strengthening school curricula to teach children about the importance of a healthy diet and active lifestyle.
- Strengthen coordination and integration of policies and services across the agriculture, health and education sectors to reflect the interactions and interconnections between these health-promoting food systems which contribute to optimum nutrition.

BREASTFEEDING



Breastfeeding saves lives and gives children the healthiest start in life. Breast milk is not only an essential source of nutritious food for infants, but also a medicine rich in antibodies, tailored to the unique needs of each child to help protect them from preventable infections in early life such as diarrhoea. Whilst the short-term health benefits of optimal breastfeeding practices are clear, emerging research has also highlighted the positive impact of optimal breastfeeding practices on longer-term health, with significant associations between longer durations of breastfeeding and potential protection against overweight and obesity in later childhood, as well as improvements in intelligence.³ Furthermore, breastfeeding helps establish the all-important and life-long physical and emotional bond between a mother and her baby.

Breastfeeding is a cost-effective health intervention that can boost human capital by providing long-lasting protective effects throughout the life course and gives every child the same opportunity to thrive, irrespective of existing socioeconomic inequalities. However, breastfeeding is not a one-woman job, and mothers who choose to breastfeed require encouragement and support from their governments, health systems, workplaces and families to make it work.

KEY INDICATORS



- **Percentage of children who were first breastfed within one hour of birth/within one day of birth.**
- **Percentage of children who were exclusively breastfed for the first six months of life.**
- **The percentage of children experiencing continued breastfeeding at 1 and 2 years of age.**

3 Victora et al. 2016, Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. Lancet 2016 Jan 30;387

Key results

Babies under 6 months of age who were exclusively breastfed



Only **14%** of babies under 6 months were exclusively breastfed during their first six months of age.

While



Global nutrition target to be accomplished by the year 2025⁴ is increasing exclusive breastfeeding among infants younger than 6 months to 50%.

Early Initiation of Breastfeeding

Only **36%** of children were first breastfed within one hour of birth.

35%



Public hospitals

22%



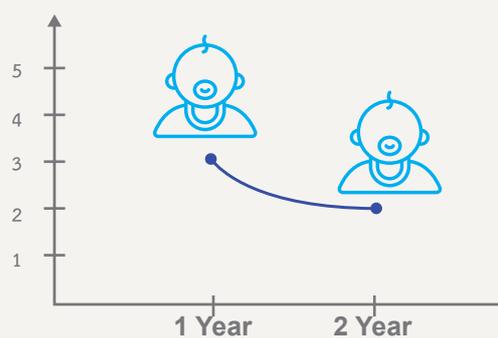
Private hospitals

Early initiation of breastfeeding is likely to occur in public hospitals compared to private hospitals.

Continued Breastfeeding

Only **3 in 10** children experience continued breastfeeding for 1 year (25%)

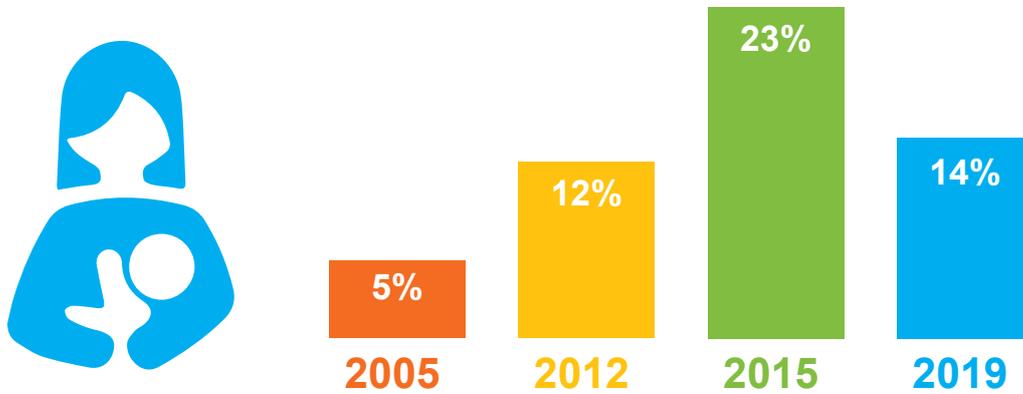
Only **2 in 10** children experience continued breastfeeding for 2 years (15%)



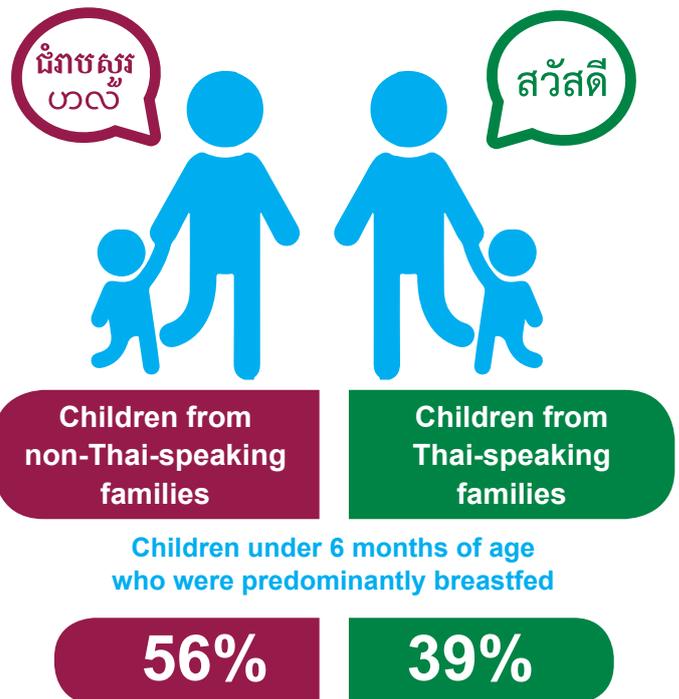
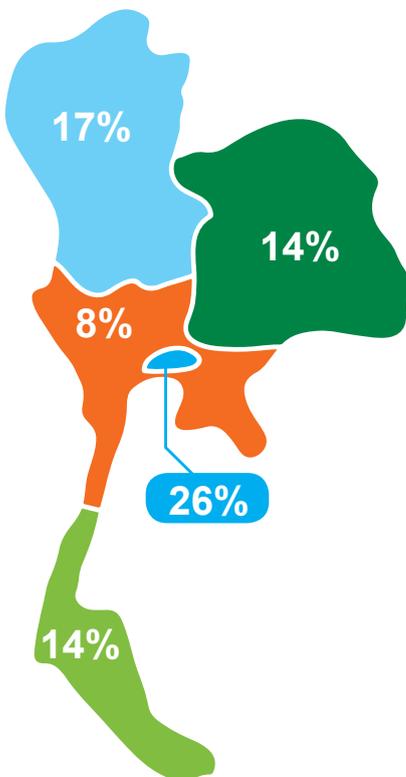
⁴ See <http://www.who.int/nutrition/global-target-2025/en/>

Children under 6 months of age who were exclusively breastfed

Comparison of MICS 2005 to 2019 data



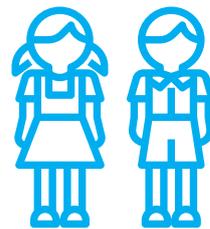
Children under 6 months of age who were exclusively breastfed



Policy recommendations

- Promote early initiation of breastfeeding across Thailand, with a particular focus on Bangkok and the Northeast, with targeted behaviour change communication strategies and programming adapted to the relevant target groups such as women giving birth in private hospitals or those who opt for elective caesarean section, among whom early initiation rates are lowest.
- Identify the bottlenecks that prevent mothers who deliver by caesarean section from early initiation of breastfeeding, to inform supportive hospital policies and strengthen the capacity of healthcare workers to support post-caesarean breastfeeding. With the right support, most newborns delivered by caesarean section can be put to the breast within the first hour of life.
- Ensure strict enforcement and implementation of the Control of Marketing Promotion of Infant and Young Child Food Act 2017, in line with the earlier ratification of the WHO's International Code of Marketing of Breast-Milk Substitutes.
- Monitor relevant policy and practice to ensure that any loopholes are addressed and that regulations are enforced in both public and private health facilities alike.
- Invest in awareness-raising campaigns targeted at families and communities to create a conducive environment which supports continued breastfeeding as a social norm. Campaigns should be culturally sensitive, taking into consideration the role of fathers, grandparents and other relatives in supporting nursing mothers through positive encouragement and the sharing of household responsibilities.
- Strengthen the 10 steps of the Baby-Friendly Hospital Initiative (BFHI), ensuring that healthcare workers skilled in lactation counselling are available to protect, promote and support breastfeeding, with a particular emphasis on improving the support provided in private hospitals.
- Introduce family-friendly law and policies to support working mothers, such as lengthening maternity or parental leave to a minimum of six months, providing childcare support, flexible work arrangements for new parents, and workplace nursing rooms. Adequate provision should also be made to support working mothers employed in the informal sector.
- Invest in research to identify and understand the social and cultural barriers that influence breastfeeding practices from birth up to the age of 2 years, to adequately inform national policies that will reach the relevant target groups.

EARLY CHILDHOOD EDUCATION ATTENDANCE



Attending an early childhood education programme supports children's cognitive, social and emotional development, and improves their readiness for primary school. In addition to the importance of a stimulating and nurturing home environment, access to good-quality early childhood education programmes outside the home are also vital for honing language skills, enhancing social competency and preparing children for success as they progress through higher levels of education. While significant progress has been made in increasing access to early childhood education over the past five years in Thailand, in particular achieving equity across wealth quintiles, some geographic and socioeconomic disparities remain.

Investment in education during the early years not only lays the foundation for the formal attainment of educational qualifications, but also nurtures children to grow into productive adults who can meaningfully contribute to society and support national economic growth. However, to narrow existing gaps in access to early childhood education programmes, these services must also be inclusive of all children, as evidence shows pre-primary education has the greatest impact on disadvantaged children.

KEY INDICATOR

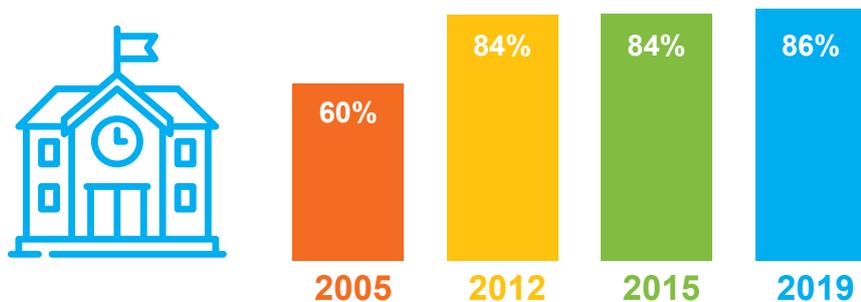


- **The percentage of children aged 3-5 attending any early childhood education programme.**

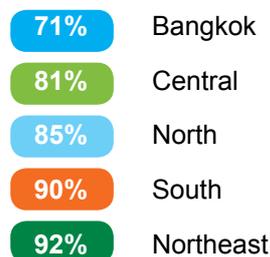
Key results

Percentage of children aged 3-5 years attending any early childhood development programme

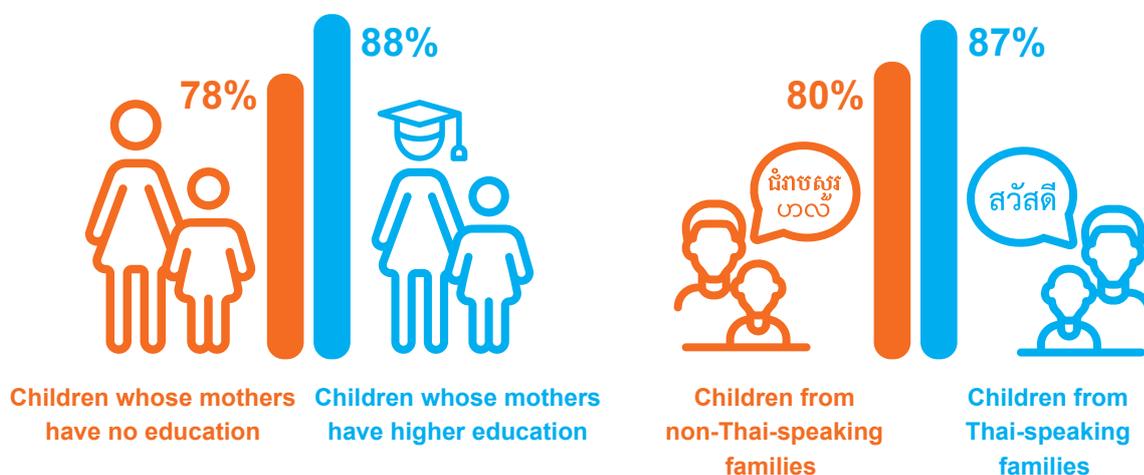
Comparison of MICS 2005 to 2019 data



Percentage of children aged 3-5 years attending any early childhood development programme, by region



Percentage of children aged 3-5 years attending any early childhood development programme



Policy recommendations

- Scale-up routine data collection, analysis and dissemination across ministries on standards and indicators for effective planning, monitoring and documentation of progress in Early Childhood Development (ECD).
- Establish and maintain an integrated monitoring and evaluation (M&E) system that enables central authorities to identify and respond to regions and districts such as Bangkok, where access to early childhood education services may be lagging.
- Identify the bottlenecks that limit access to early childhood education of children for non-Thai speaking households and in areas with lower attendance rate, to ensure universal access for all children living in Thailand.
- Build the capacity of ECD caregivers and teachers to monitor and support children's holistic development and to engage with and support parents on children's development.
- Increase awareness among parents and caregivers about the importance of early childhood development and attendance to early childhood education.
- Support and implement ECD-friendly policies focusing on provision of childcare, parental leave, flexible working arrangements, breastfeeding promotion and other healthcare benefits that support working parents.
- Introduce ECD markers into budget planning and increase investment in early childhood care and education by focusing on the holistic development of each child.

EARLY CHILDHOOD STIMULATION AND CAREGIVING



Families, parents and caregivers play an essential role in nurturing a child's well-being and learning. Appropriate care and stimulation from talk, play and responsive attention in the home environment supports healthy brain development and serves an important neurological function. Caregiver interaction with young children is crucial for their cognitive, emotional, social and sensory development. Positive interactions with caregivers include, for example, reading books to the child, telling stories, singing, taking the child outside the home, and playing, counting or drawing with the child.

Materials such as books and age-appropriate toys are also essential for play and play-based learning from which children learn about their surroundings, which can stimulate muscles, broaden their vision, and enhance their eagerness to learn and sense of imagination. Interactive engagement between parents and young children also helps to bolster the social-emotional connection between them. Access to a range of toys and books, coupled with adequate caregiver interaction, also supports the acquisition of language in school and the development of coping and executive functions such as emotion regulation. Evidence suggests that children growing up in homes with many books are more likely to achieve an additional three years of school, compared with children from bookless families, independent of their parents' education, occupation and class.⁵

Although increasing use of electronic devices captivates young children with a variety of entertainment options, research suggests that too much screen time can negatively impact a child's ability to interpret non-verbal cues and learn the social skills necessary for developing empathy. Constant stimulation and absorption of visual content on screens also affects young children's attention span and focus. As a result, the WHO recommends no screen time for children under the age of 2, and no more than one hour a day for those aged 2 to 4 years.

KEY INDICATORS



- **Percentage of children aged 2-4 who engaged in four activities with an adult household member (during the previous three days before the survey).**
- **Percentage of children under 5 who have at least three books.**
- **Percentage of children under 5 who play with electronic devices.**

⁵ Evans, Mariah D.R., et al., 'Family Scholarly Culture and Educational Success: Books and schooling in 27 nations', *Research in Social Stratification and Mobility*, vol. 28, no. 2, June 2010, pp. 171–197.

Key results

During the previous 3 days before the survey, **9 in 10** children aged 3-4 years did at least four activities with an adult at home.

Activities that promote early childhood learning

Reading books or photo books



Taking the child outside the home



Singing songs to the child



Tell stories to the child



Playing with the child



Practicing naming, counting, or drawing



Children under 5 who have at least three children's books

23%	Northeast
29%	South
36%	North
42%	Central
56%	Bangkok



Mother



Father

Children from the poorest quintile

44%

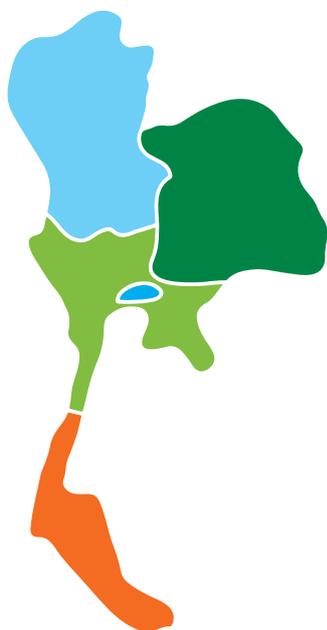
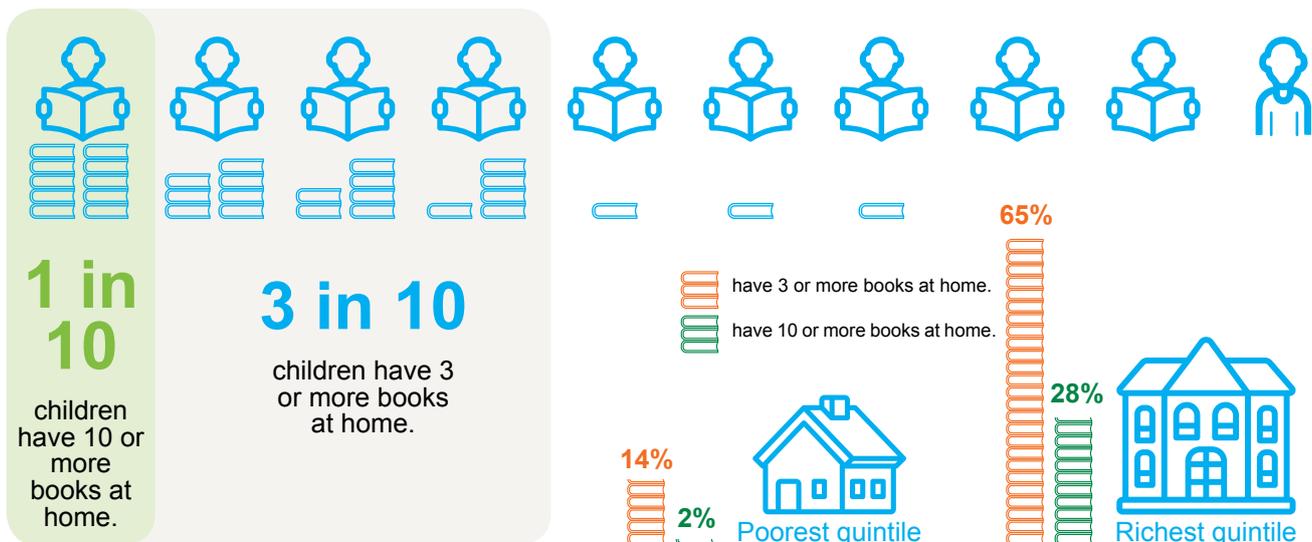
20%

Children from the richest quintile

85%

55%

Involvement in learning activities is significantly lower for fathers compared to mothers, particularly in the poorest families.

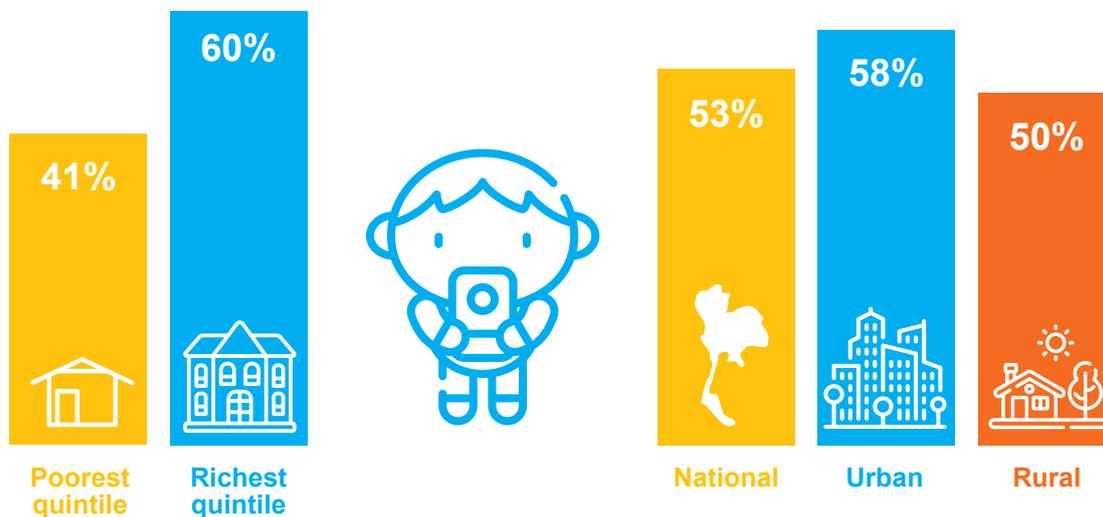


Children under 5 who play with electronic devices

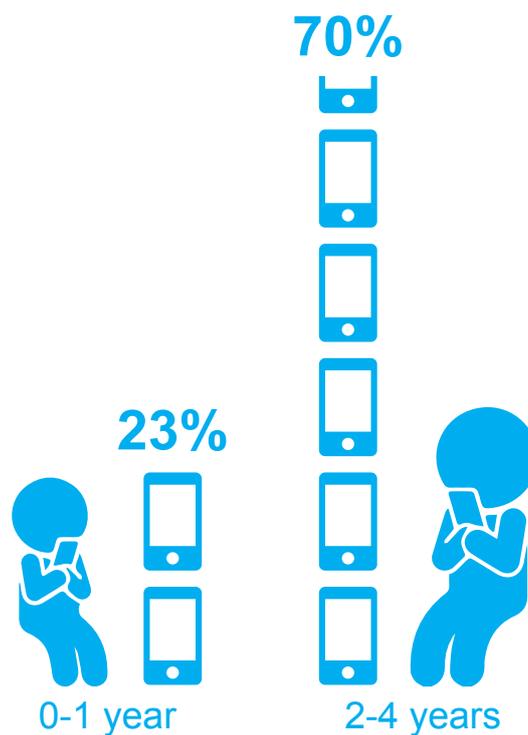
Half of children nationwide play with electronic devices

- 52% Northeast
- 52% South
- 52% North
- 55% Central
- 56% Bangkok

Children under 5 who play with electronic devices by wealth quintile and area



National 53%



Children under 5 who play with electronic devices

Policy recommendations

- Implement quality ECD interventions at scale across health and education platforms, including parenting programmes, which combine both responsive caregiving and the promotion of early learning in the first three years of life.
- Develop guidance on how to most effectively engage fathers with existing parenting programmes, incorporating additional parenting topics around the importance of co-parenting that highlight the integral role of father's engagement with their children.
- Implement and promote national family-friendly policies, including changes to labour laws and workplace guidelines that support men in taking paid paternity leave, to further normalize men's involvement in caring for and interacting with their children.
- Assist parents and ECD caregivers to create environments – at home and at children's centres - where children are surrounded by language in a fun and age-appropriate manner to promote early reading, including provision of mobile libraries in remote regions of the country, early learning kits to low-income households, and reading campaigns.
- Explore, understand and communicate the implications of extended use of electronic devices on very young children's development, including development and dissemination of WHO guidance on appropriate use.

SCHOOL ATTENDANCE



Every child – regardless of their gender, socioeconomic background, ethnicity or location – has the right to an education. Quality education provides children and youth with the knowledge and skills to achieve their full potential, protect themselves from harm and exploitation, and contribute to their community and society’s development. International research has shown the social and economic benefits that education provides. One extra year of schooling increases an individual’s earnings by up to 10 per cent. One extra year of schooling for women alone increases annual earnings by between 10 and 20 per cent.⁶

Having a well-educated, young population can help boost a country’s competitiveness and labour productivity, contributing to economic growth and poverty reduction. Further, equitable access to quality education can tackle inequalities in society and promote gender equality and social cohesion.

In Thailand, the Compulsory Education Act (2002) is a ministerial regulation which states that children should be enrolled in education in the same year they approach the age of 7, and should attend until the age of 16 years, with the exception of those who have already completed lower secondary education.⁷ When children enrol late or have not been adequately prepared to start formal schooling, their longer-term educational outcomes can suffer, leading to underperformance or early drop-out. The latest data from the MICS suggests that disparities in access to education have not narrowed, with children from disadvantaged communities facing disproportionate inequality in access which is especially pronounced at secondary level. Effective strategies to improve school attendance at all levels of education should focus on providing an inclusive education which accommodates for the needs of all children, including those traditionally excluded or from marginalized groups.

KEY INDICATORS

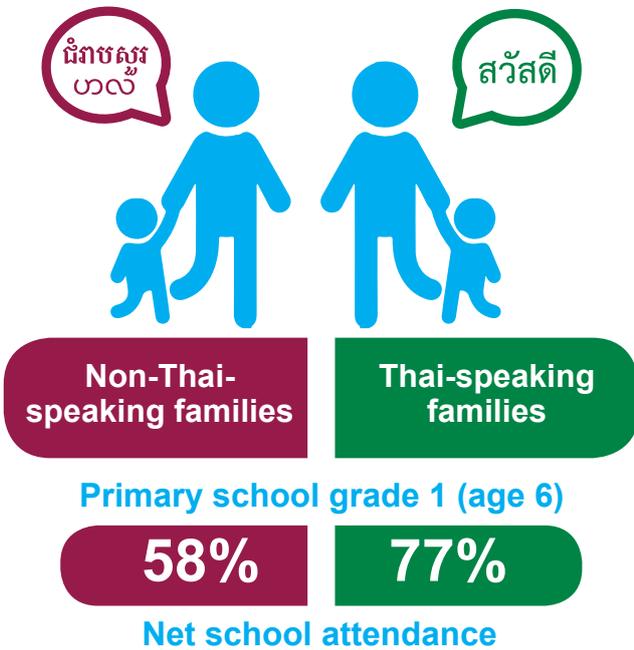


- **Percentage of children of primary school entry age entering grade 1 (net intake rate).**
- **Percentage of children attending primary, lower-secondary, and upper-secondary level school.**

⁶ Psacharopoulos, George, and Harry Antony Patrinos, 'Returns to Investment in Education – A Decennial Review of the Global Literature', Policy Research Working Paper 8402, Washington, DC: The World Bank, April 2018. Available at: <https://openknowledge.worldbank.org/bitstream/handle/10986/29672/WPS8402.pdf>

⁷ Compulsory Education Act (2002) <http://www.bks.ac.th/lms/ebook/pdf/prb45/pdf.pdf>

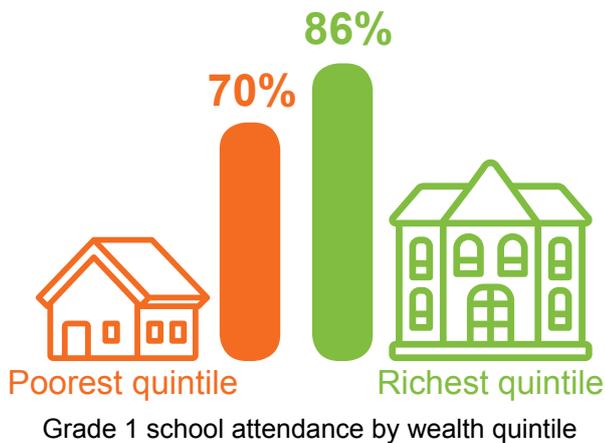
Key results



Children of primary school entry age entering grade 1



Only **78%** of children of primary school entry age attending grade 1

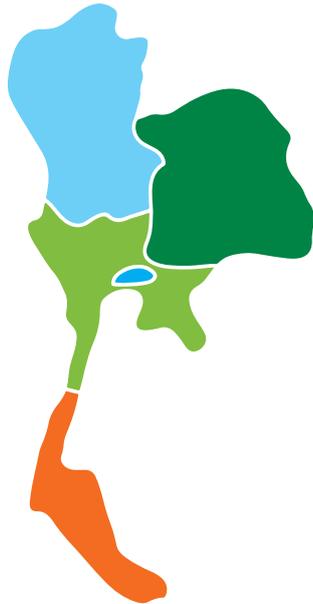


9 in 10 children of primary school age attend primary school. The wealth quintile affects school attendance significantly: **76%** of children from the poorest quintile attend school, compared to **88%** of children from the richest quintile

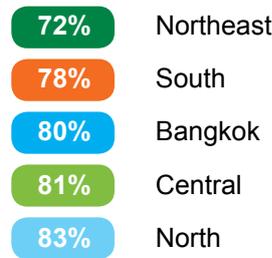
Percentage of children of primary school entry age attend grade 1


76%
Poorest quintile


88%
Richest quintile



Percentage of children of primary school entry age attending grade 1, by region

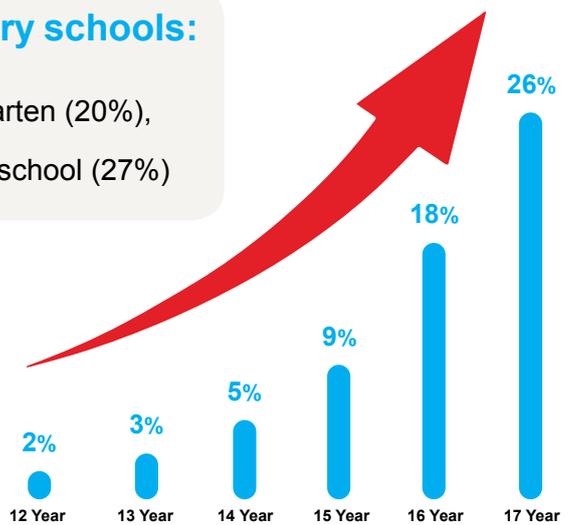


School entry age at primary and secondary schools:

around **1 in 5** children age 6 still in kindergarten (20%),
 around **1 in 3** children age 12 still in primary school (27%)

Disparities in access are more pronounced at secondary-school level, with school drop-out rates increasing by age: Around 13% of children of secondary school age or over

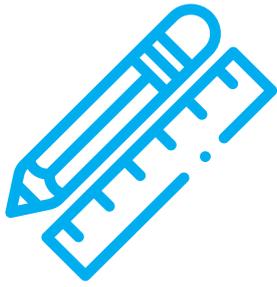
700,000 children¹¹ do not attend school



1 in 3 children from the poorest quintile do not attend upper-secondary school, while only **2 in 10** of children from the richest quintile do not



8 Calculated from 2015 data by Department of Provincial Administration http://stat.dopa.go.th/stat/statnew/upstat_age.php



School Attendance



Poorest quintile



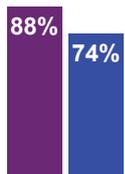
Richest quintile



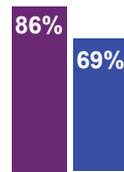
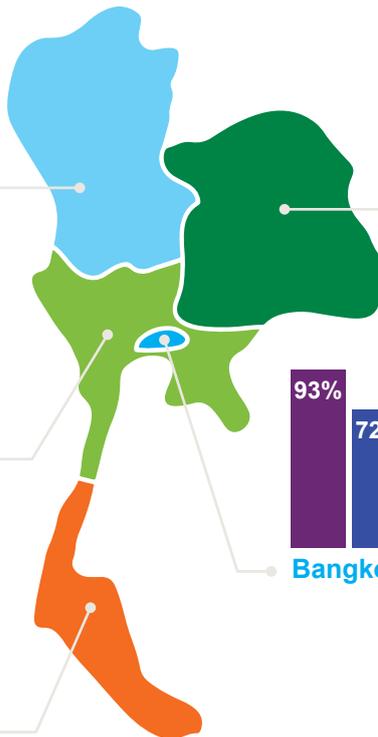
Male



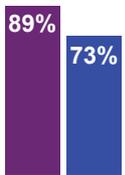
Female



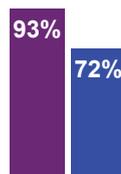
North



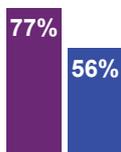
Northeast



Central



Bangkok

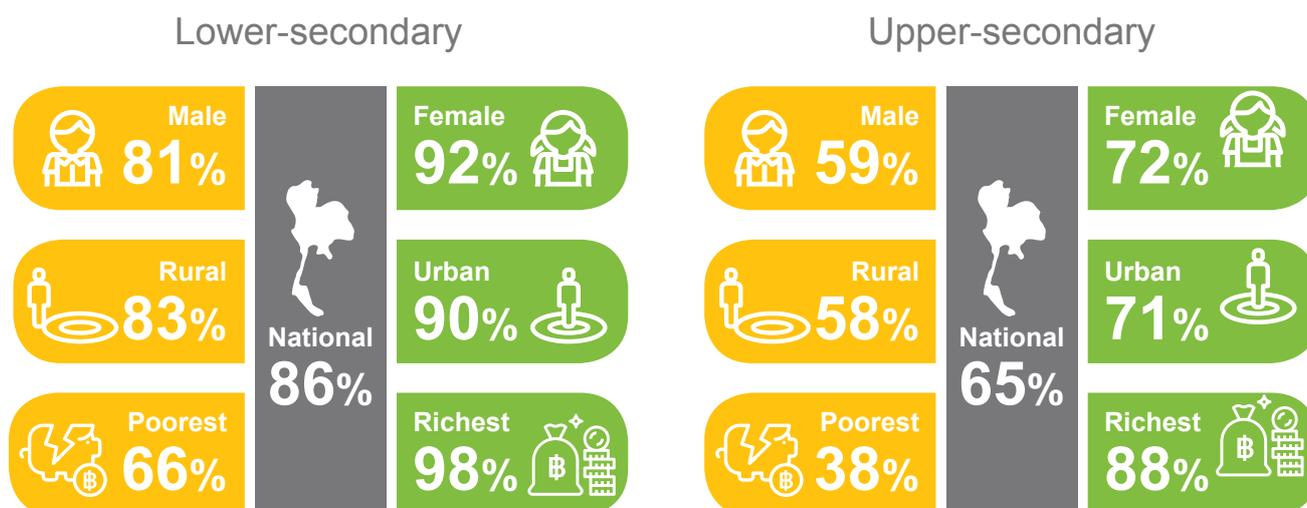


South

The south has the lowest number of children attending lower-secondary and upper-secondary schools

■ Lower-secondary
■ Upper-secondary

School attendance at lower-secondary and upper-secondary schools



Policy recommendations

- Ensure that ECD centres engage parents and prepare children to enter primary school at the appropriate age.
- Strengthen and expand large-scale communication campaigns targeting parents from the poorest households and non-Thai speaking households, to raise awareness on the importance of starting school at the age of 6 years.
- Improve the equity and effectiveness of budget and resource allocations for education and schools (including school grants, teacher deployment and learning materials), with a particular focus on improving quality of schooling in remote and disadvantaged areas.
- Scale-up the implementation of multilingual education programmes in Southern, North and Northeast Thailand, especially for early years education, to ensure that children from households where Thai is not the main language are integrated into the education system from a young age.
- Use quantitative and qualitative approaches to conduct in-depth, multi-level analysis at national and regional level to better understand the factors contributing to school attendance and drop-out of children and inform decision-making.
- Strengthen school attendance records so that any child not in school can be immediately identified and the reason for non-attendance can be understood and remedied wherever possible.
- Support access to alternative learning/skill development opportunities (i.e. vocational programmes) for those who leave school after compulsory education, targeting the most disadvantaged groups, to ensure continued learning, skill development and income-earning prospects for all.
- Promote public-private partnership to increase the relevance and effectiveness of curricula which are responsive to the needs of local job markets, in order to enhance the benefits of continuing education, particularly at upper-secondary level.

FOUNDATIONAL LEARNING SKILLS



Foundational skills in literacy and numeracy are the fundamental stepping stones needed for optimal learning outcomes, productive employment and active participation in society. Whilst significant gains have been made in improving school enrolment and attendance in Thailand through expanded school coverage and compulsory education, the latest data suggests that improvements in the quality of education have not kept the same pace, with significant socioeconomic inequalities observed across learning outcomes.

The ability to read and understand a simple text is an essential skill for language development in children; however, more than one quarter of children aged between 7-14 years in Thailand do not demonstrate foundational reading skills. Similarly, more than one quarter of children of the same age do not demonstrate foundational numeracy skills, which is a primary predictor of later academic achievement and a skill which is in increasingly high demand in current competitive job markets. Attainment of adequate literacy levels is crucial in the early years since catch-up becomes increasingly difficult as children progress through higher levels of education, and can become a contributing factor increasing the risk of school drop-out.

Prioritizing foundational learning skills not only empowers children and increases their employability in later life, it also has the potential to narrow inequality gaps and is a crucial investment for the country's future national economic growth. Investing in quality education is especially pertinent for countries such as Thailand currently experiencing a rapid demographic shift towards an ageing society.

KEY INDICATORS



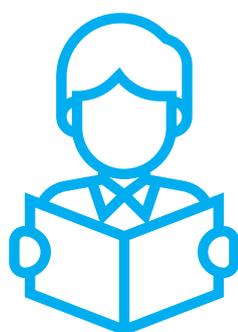
- **Percentage of children aged 7-14 who demonstrate foundational reading/numeracy skills.**

Key results

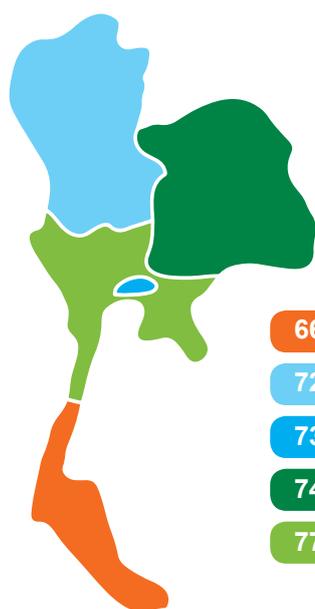
About half of children attending grade 2/3
have foundational reading skills (52%)

Foundational reading skills

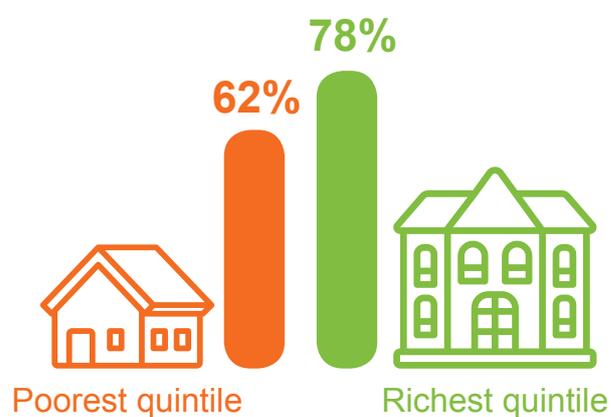
(Children of age for grade 2/3)



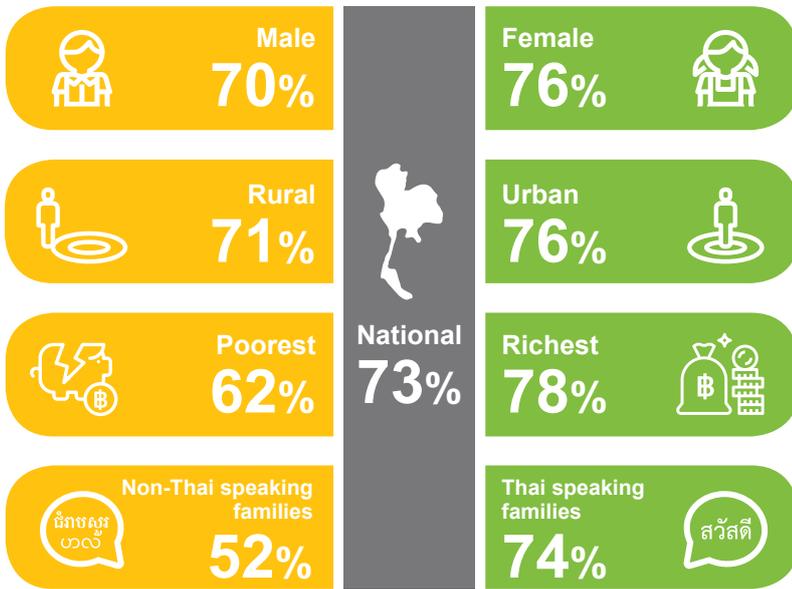
*Percentage of children attending grade 2/3 who can 1) Read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions



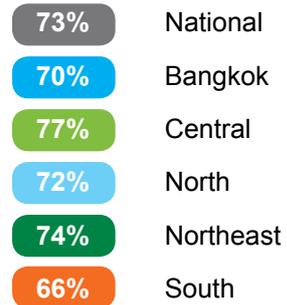
Foundational reading skills (children aged 7-14 years)



Foundational Reading Skills: Inequalities (children aged 7-14 years)

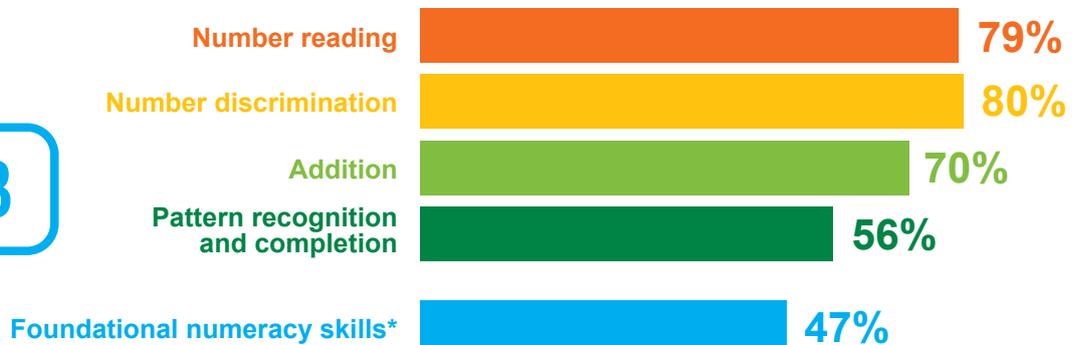
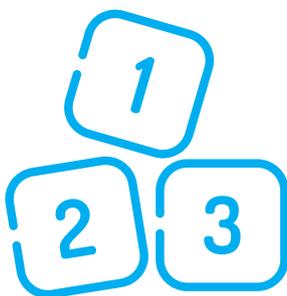


Foundational reading skills by region
(children aged 7-14 years)



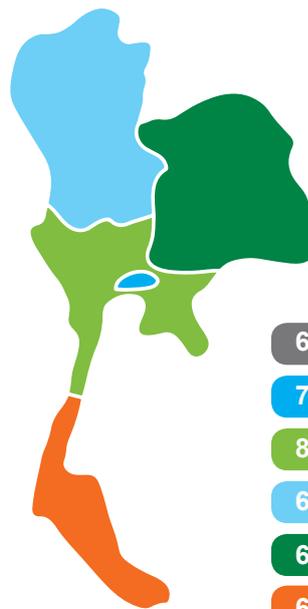
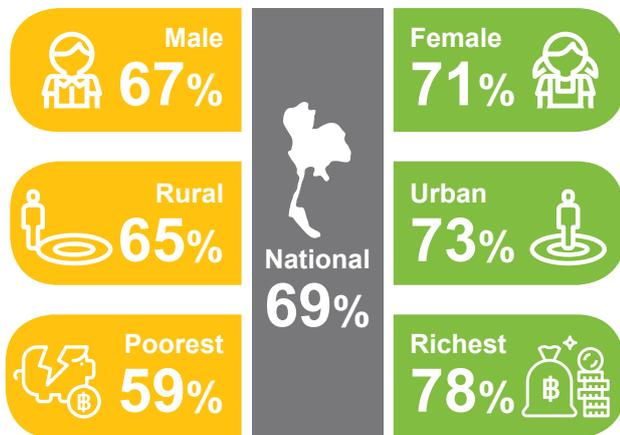
Less than half (47%) of children of age for grade 2/3 have foundational numeracy skills

Foundational numeracy skills

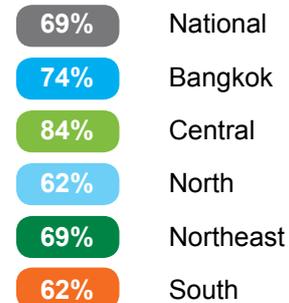


* Percentage of children of age for grade 2/3 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task, and 4) a pattern recognition task

Foundational numeracy skills: Inequalities (children aged 7-14 years)



Foundational numeracy skills (children aged 7-14 years) by region



Policy recommendations

- Integrate foundational learning skills into national education strategies. Teaching and learning practices should be structured according to the progress of each level of capacity development to provide different learning paths which are responsive to the needs of learners.
- Consider developing strategies to support schools in remote and poorer areas to prioritize quality of teaching, including better distribution of educational resources and delivery of a standardized curriculum for all children in Thailand.
- Strengthen training and provide bigger incentives to attract high-quality teachers who can be deployed to schools most in need, such as under-resourced schools in remote areas where there may be a higher proportion of disadvantaged children.
- Scale-up the use of multilingual education programmes such as the Patani Malay-Thai Multilingual Education Programme (PMT-MLE) for children from households in Southern Thailand whose predominant household language is not Thai, and establish similar programmes in Northern border regions of Thailand where there are also concentrated populations of ethnic minority communities.
- Review educational budgets to ensure equitable allocation of government spending on education programmes that are proportional to the needs of the poorest and most vulnerable children.

CHILD DISCIPLINE



Teaching children self-control and acceptable behaviour is an integral part of child rearing and equips children with the skills needed to make appropriate decisions and respond to stressful situations. Positive parenting embraces parental behaviour that is nurturing, empowering and non-violent, with an emphasis on creating positive parent-child interactions to support the full socio-emotional development of the child. It involves setting clear boundaries with children through non-violent means using positive encouragement, problem solving and responsive supervision to tackle challenging situations and potential conflict.

However, many children are unfortunately raised using punitive methods that rely on the use of physical force or verbal intimidation to teach desired behaviours, making violent discipline the most common form of violence experienced by children. Although the use of violent discipline by caregivers is not necessarily intended to harm or inflict injury, exposure to violent discipline at a young age can have harmful consequences, ranging from the immediate impact of physical injuries and emotional distress, to longer-term psychological harm, low self-esteem and suboptimal developmental outcomes. Children experiencing violent discipline may not understand the motivations behind such behaviour and hence may not develop appropriate coping strategies to respond to any stressful situations that arise throughout life.

Exposure of children to violence also has a broader societal impact by limiting their ability to reach their full potential, therefore placing a constraint on human capital development. In addition, violence against children has been demonstrated to have significant economic impact in lost performance and cost of providing care. Keeping in mind that violence in the household only reflects a small part of violence against children within wider society, joint efforts are required to eliminate all forms of violence.

KEY INDICATOR

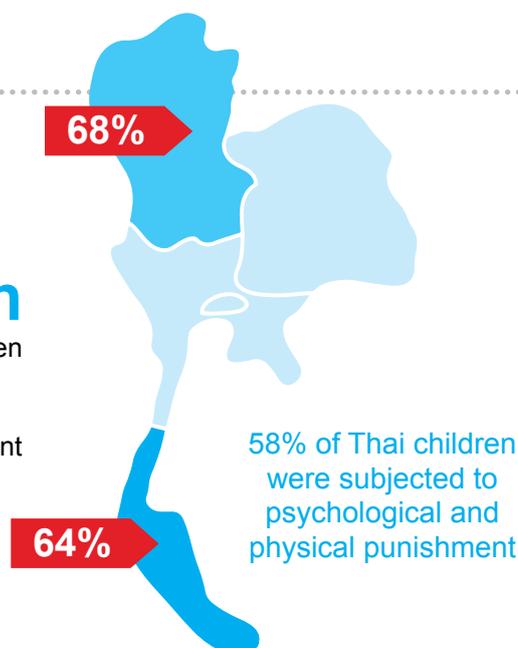


- **Percentage of children aged 1-14 years who experienced any violent discipline during the previous one month.**
- **Percentage of mothers/caretakers of children aged 1-14 years who believe that physical punishment is needed to bring up, raise or educate a child properly.**

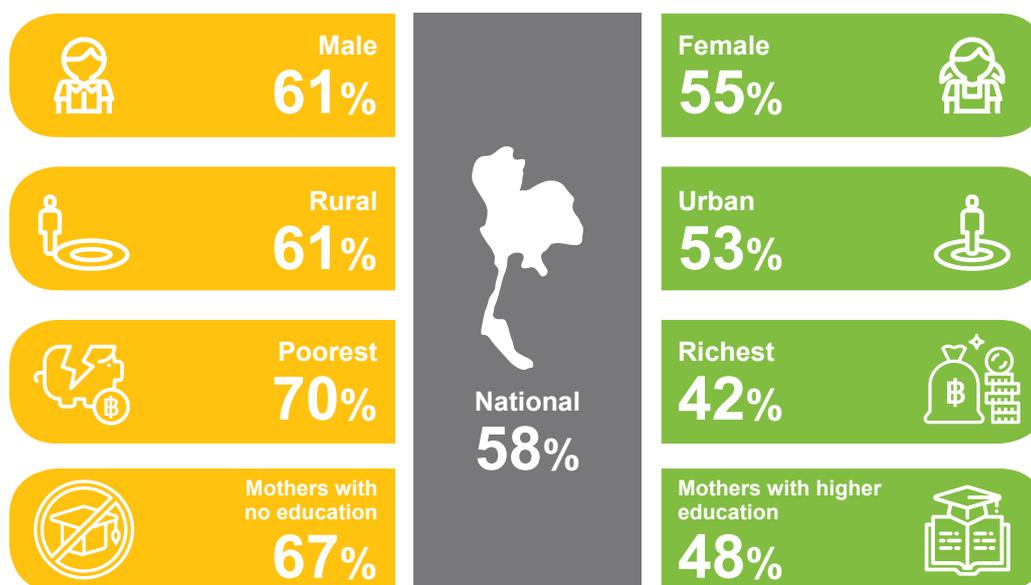
Key results

Children living in the **north** (68%) and the **south** (64%) are more likely to receive violent discipline than children in other regions.

Children aged 3-9 years are more likely to receive violent discipline than those in other age groups.



Violent discipline: Inequalities



During the past month

3 in 5
children
(58%)



Experienced any violent method.

4 in 10
children
(40%)



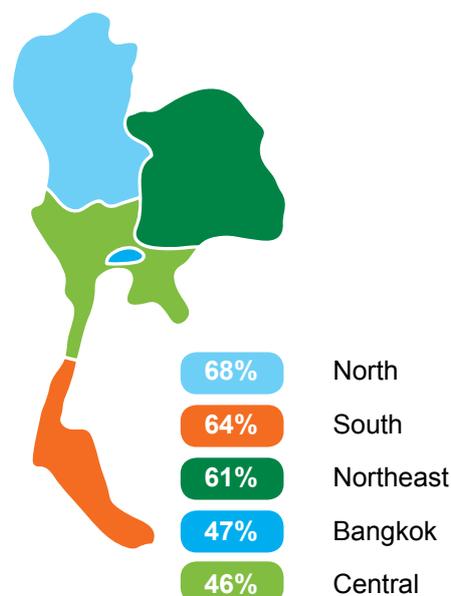
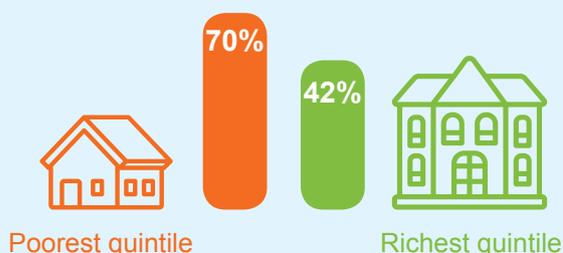
Experienced psychological aggression.

Almost half
of children
(44%)



Experienced physical punishment.

58% of parents or caretakers believe that physical punishment is a necessary part of child-rearing. Survey respondents who have lower education and in the poorer quintiles are more likely to believe that physical punishment is necessary for child-rearing.



Policy recommendations

- Ensure the implementation and enforcement of laws to prevent and respond to violence against children:
 - Consider violence against children as a national priority and allocate sufficient resources to implement the Child Protection Act 2003 for all children in Thailand, including migrant children.
 - Consider a review of section 1567 of the Civil and Commercial Code, which states that a person exercising parental power has the right “to punish the child reasonably for disciplinary purposes”.
 - Develop a law to prohibit the use of corporal punishment in all settings, including schools and child institutions.
- Create positions and allocate funding to expand the deployment of social workers in communities for child protection and to provide support to children at risk of violence in the home, especially in underserved, remote communities.
- Scale-up a range of parenting/caregiver programmes delivered via different modalities (i.e. home visits, group-based training, support in the community) that are grounded in positive parenting principles to target vulnerable families such as those with low-income, or those situated in rural areas. Programmes may focus on strengthening parenting skills through practical instruction and promotion of positive parent-child interactions.
- Intensify the awareness of the general public using social change communication methods and mass media to tackle persistent attitudes and practices that endorse the use of physical punishment. This may include introducing a variety of positive, non-violent discipline methods that reinforce the effectiveness of alternative non-violent parenting approaches to physical punishment.
- Strengthen the information management system at national and local level to ensure case detection, and improve case management and planning capacity to effectively respond to and continually monitor the situation of children in need.
- Strengthen social protection strategies (e.g. cash transfers, community loan programmes) that aim to improve the economic security and stability of the poorest households, in conjunction with behavioural change interventions such as parenting programmes. Tackling structural stressors such as poverty has the potential to indirectly reduce the risk of violence against children.

ADOLESCENT PREGNANCY



Complications from pregnancy and childbirth are the leading cause of death among adolescent girls aged 15-19 years globally. Adolescent mothers face significantly higher health risks compared to women who give birth aged 20-24 years, while their babies are at increased risk of preterm birth, low birthweight and perinatal mortality. In addition to serious health consequences for adolescent mothers and their children, the social consequences for pregnant adolescents include but are not limited to stigma, rejection and interruption to schooling, as well as increased likelihood of adolescent marriage, which acts as both a cause and consequence of pregnancy.

Adolescence represents a vulnerable developmental window in which the transition from childhood to physical and psychological maturity occurs. Experiencing pregnancy before being physically and emotionally ready can jeopardize an adolescent girl's right to a safe and successful transition into adulthood, endanger her job prospects, and perpetuate the intergenerational cycle of poverty at a time in which adolescents are still learning about themselves and discovering their gender and sexuality. Socioeconomic disadvantage, lack of knowledge and misinformation around sex, lack of access to contraception, and harmful gender norms all contribute to adolescent pregnancy.

Thailand has made significant progress in reducing the national adolescent birth rate, from 60 births per 1,000 women (aged 15-19 years) to 23 births per 1,000 women from 2012 to 2019. However, the birth rate remains high in some areas or for certain groups of the youth population, highlighting that further policy efforts are required to leave no one behind.

KEY INDICATOR



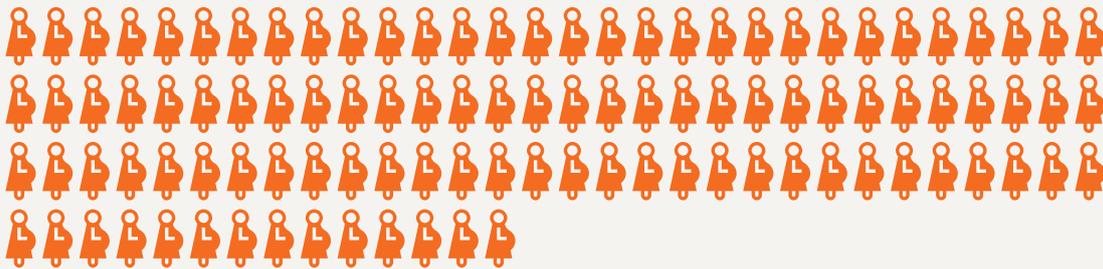
- **Adolescent birth rate per 1,000 women (aged 15-19 years).**

Key results

Adolescent Birth Rate

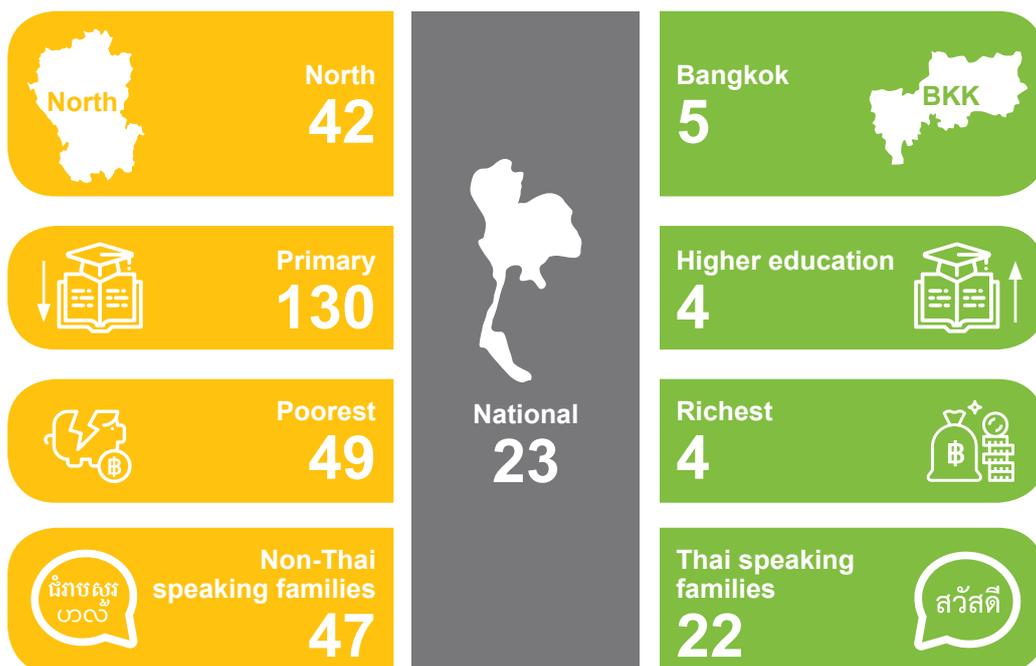
The adolescent birth rate is **23 per 1,000 women**

The adolescent birth rate for women with primary education is **104 per 1,000 women**



The adolescent birth rate for women with higher education is **3 per 1,000 women**

Adolescent birth rate: Inequalities (in women aged 15-19 years) per 1,000 women by region





Adolescent birth rate (in women aged 15-19) per 1,000 women by region

42	North
35	South
21	Central
20	Northeast
5	Bangkok

Adolescent birth rate by wealth quintile



Poorest quintile
49 per 1,000
women



Richest quintile
4 per 1,000
women

Policy recommendations

- Establish a national, coordinated, multisectoral strategy across government agencies that oversees different aspects of programming to ensure exclusive focus on the issue of adolescent pregnancy in line with the Prevention and Solution of the Adolescent Pregnancy Problem Act 2559 (2016).
- Strengthen community-level prevention programming, ensuring that comprehensive sexuality education (CSE) is a compulsory aspect of the school-based curriculum and is standardized across regions.
- Strengthen life skills training within schools, with a focus on enhancing the negotiating power of adolescent girls around topics such as reproductive health issues, contraceptive use and starting a family. Strategies may include using community outreach in rural areas to increase knowledge of available services among adolescents by health officials and social workers during times that are convenient for young people.

- Develop evidence-informed interpersonal educational interventions which respond to the contributing factors in regions outside of Bangkok where the prevalence of adolescent childbearing is higher, and ensure these communities have access to sexual reproductive health services, especially in rural areas.
- Scale-up social protection programmes which can offset the practice of negative coping strategies within poorer households, by encouraging school attendance and discouraging practices of early marriage (a known cause of adolescent childbearing). Social protection can also present an avenue to disseminate awareness-raising messages and promote the use of sexual and reproductive health services.
- Scale-up youth-friendly health services which include access to contraception, consultations, HIV testing services, STI screening, and mental health counselling.
- Strengthen existing support systems to provide adolescent mothers with continued access to education to achieve as high an education level as possible in the circumstances.

CHILD MARRIAGE BEFORE THE AGE OF 18



Marriage or early union before the age of 18 can lead to a violation of human rights. Girls are disproportionately affected by the practice of child marriage, which is often the result of entrenched gender inequality. Child marriage robs girls of their childhood, often interrupting their schooling and compromising their health. Although the impact of child marriage on boys is less well understood, it similarly places boys in an adult role accompanied by responsibilities and economic pressures for which they may not be prepared.

Many interlinking factors place children at risk of marriage or early union, including norms and stereotypes around gender roles, poverty, lack of education and economic opportunities, as well as weak law enforcement. Evidence suggests three broad patterns of child marriage/early union in Southeast Asia: 1) traditional arranged marriage; 2) love or peer-initiated marriages between consenting adolescents; and 3) circumstantial marriage in response to unintended pregnancy or where premarital sexual activity has or is perceived to have taken place. Addressing child marriage requires recognition of the drivers and underlying factors that perpetuate it.

Child marriage leads to school drop-out and reduced economic opportunities for girls, which further reinforces the inter-generational transmission of poverty. In addition, child marriage and early union are major factors underpinning high maternal mortality between the ages of 15-19 years, with adolescent girls twice as likely to die during pregnancy or childbirth than women in their 20s. The spousal age gaps and power imbalances often inherent in these relationships also place girls at increased risk of intimate partner violence, with long-term psychological implications.

KEY INDICATOR

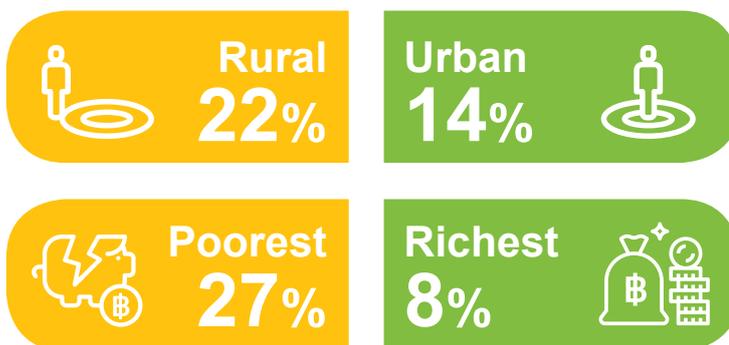


- **Percentage of women aged 20-24 years married or in a union before the age of 18.**

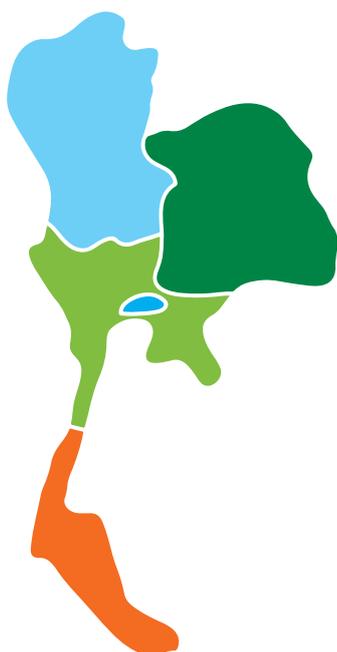
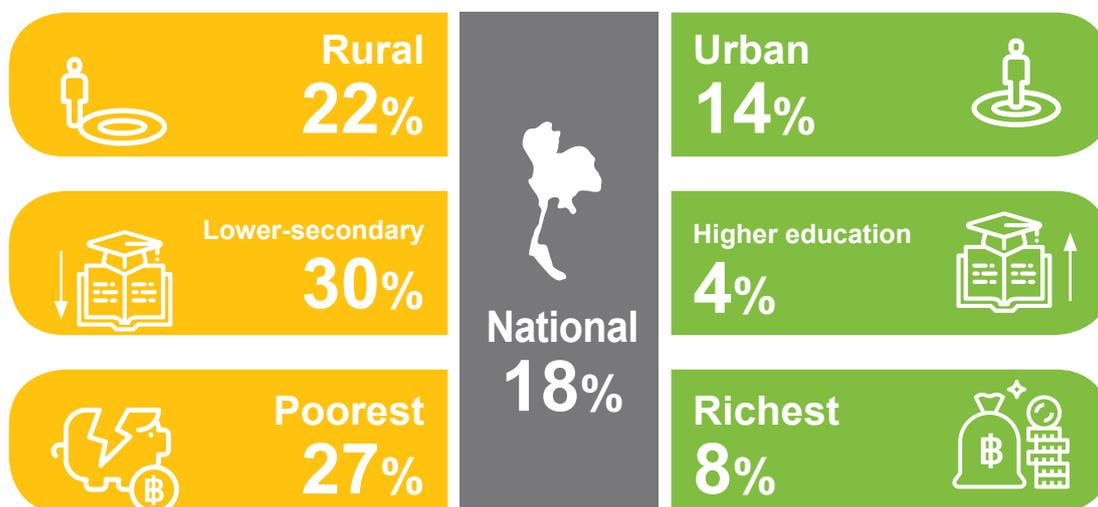
Key results



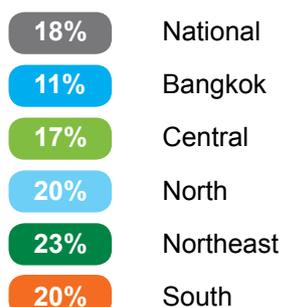
Percentage of women married before the age of 18



Percentage of women married before the age of 18: Inequalities



Percentage of women married before the age of 18 by region



Policy recommendations

- Design and implement locally contextualized behaviour change communication interventions that respond to an understanding of family formation among population sub-groups and regions such as Northeast, North and Southern Thailand, where child marriage and early union is more prevalent.
- Strengthen commitments to provide adolescents and young people with sexual and reproductive health services to respond to adolescent childbearing (a significant driver of child marriage/early union), targeting population groups and rural areas where there is a higher unmet need.
- In response to the data which suggests that lower-secondary education is associated with higher levels of child marriage and early union, empower girls to continue their education beyond lower-secondary level.
- Develop life-skills training programmes, targeting girls from the most disadvantaged households on topics such as money, finance, nutrition, health, communication, negotiation skills and decision-making to empower them to advocate for themselves.
- Strengthen vocational training programmes for adolescent girls who drop-out of education early, to ensure economic opportunities for unmarried girls which can help alleviate family poverty without the need for marriage.
- Consider policies to offset the financial incentives (e.g. bride price or dowry) for early marriage or union, which should be designed and targeted at the poorest households.
- Ensure that national laws and regulations to prevent child marriage are equally enforced across all regions and population groups, by dismantling legal loopholes that permit traditional harmful practices.

CHILDREN LIVING APART FROM THEIR PARENTS



The Convention on the Rights of the Child (CRC) states that every child should grow up in a safe environment which supports their physical, psychological and social development. Children may be separated from their parents due to the premature death of both parents, migration for employment opportunities, natural disasters or armed conflict. In the instance that children are separated from their parents, most children live with other family members, which in Thailand usually means residing with grandparents. Understanding children's living arrangements, including the composition of their home, where they live, the relationship with and age of their primary caregivers, is fundamental to the design of targeted interventions aimed at promoting children's care and well-being.

Evidence indicates that parental absence due to migration can negatively affect a child's school performance, life satisfaction, health and future employment. Some children of parents who are absent report never or hardly ever sharing time with their family, which may have long-term negative consequences on the child's family life during adulthood. A survey conducted⁹ in Thailand revealed that children living apart from parents were more likely to live in poor households, less likely to experience enriching activities with their caretakers, and were more likely to experience physical punishment. Children living apart from both parents were more likely to have delayed development, particularly in the language development domain.

KEY INDICATOR



- **The percentage of children aged 0-17 living in households with neither parent (both alive).**

⁹ Mahidol University and UNICEF Thailand, The Impact of Internal Migration on Early Childhood Well-Being and Development: Baseline results of quantitative and qualitative surveys, April 2016. Available at: <https://www.unicef.org/thailand/media/386/file/The%20Impact%20of%20Internal%20Migration%20on%20Early%20Childhood%20Well-Being%20and%20Development.pdf>

Key results



1 in 5
children live
with neither
their mother
nor father

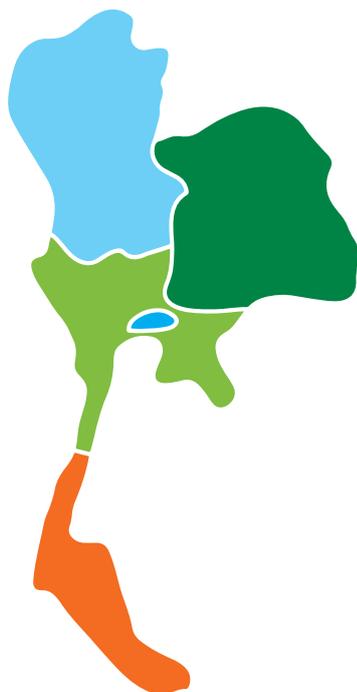
2 in 10 children live with neither mother and father (22%)



37%
Poorest quintile



9%
Richest quintile

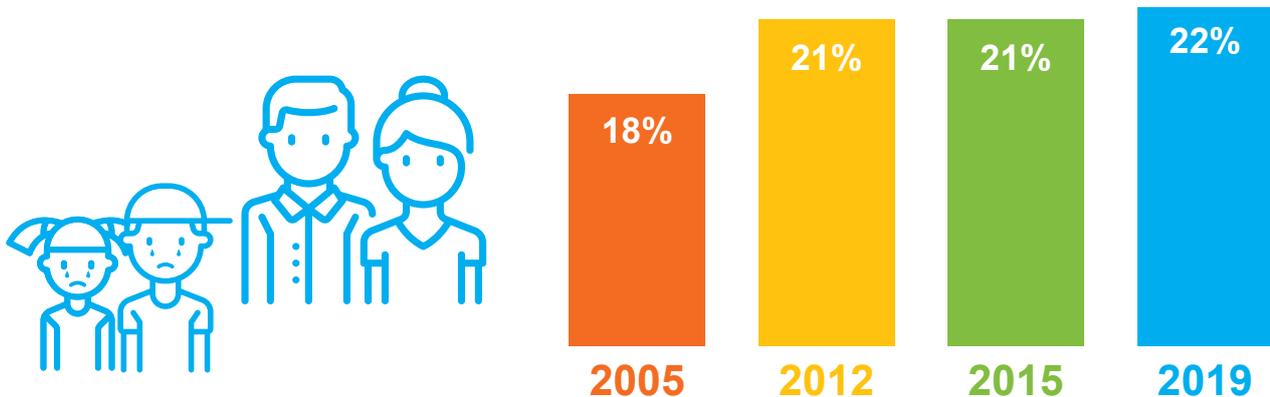


Children living apart from their
parents (both alive) by region

35%	Northeast
25%	North
16%	Central
12%	Bangkok
12%	South

Percentage of children living apart from their parents (both alive)

Comparison of MICS 2005 to 2019 data



Policy recommendations

- Expand social protection programmes and social policies, including extended parental leave, to encourage parents to stay with their children. This includes considering an expansion of the current government child support grant for children up to the age of 6 years and increasing benefit levels.
- Encourage the establishment of family support services including early child daycare services within large companies such as factories or construction businesses (within which many migrant workers are employed) so that migrating parents can continue to live with their children.
- Provide comprehensive pre-service and in-service capacity-building support for community-based workers working with families, social workers and/or early child development professionals to better identify and respond to the needs of children living separately from their parents, particularly for grandparent caretakers and those living in the Northeast region.
- Adapt and strengthen social welfare programmes and early childhood development programmes to support children living apart from their parents. For example, increase the roles of social workers to identify and monitor families in need of support.
- Invest in a longitudinal study to further understand the impact of children not living with their biological parents throughout their life course, in order to generate evidence that can be used to raise awareness among policymakers and the public.

About MICS

- The Multiple Indicator Cluster Survey, known as MICS, is the largest source of statistically sound and internationally comparable data on women and children worldwide.
- Since its inception in 1995, 345 surveys have been conducted in 118 countries (as of April 2021).
- MICS is a major source of data on the Sustainable Development Goals (SDGs).
- In Thailand, four rounds of MICS have been conducted by the National Statistical Office with support from UNICEF since 2005. UNICEF has provided technical support for MICS at every stage of the survey process, including survey design, enumerator training, field testing, field monitoring and data consistency checking, data editing and reporting.
- MICS is designed to be nationally representative and collects data from all 77 provinces in Thailand. For 17 provinces, the sample sizes are increased to allow provincial-level data.
- Standard questionnaires are designed by UNICEF globally, but they are customized to Thailand's context to respond to the country's data needs. Data was collected through face-to-face interviews by trained enumerators.

For more information on Thailand MICS, please visit the [UNICEF website](#).



Report
Thailand Multiple Indicator
Cluster Survey 2019



Report
Thailand Multiple Indicator
Cluster Survey 2019:
17 Selected Provinces

 MICS