MICS

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Addressing the Gaps: Ensuring every child in Thailand has an equal chance to thrive

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Foreword

For many children, there has never been a better time to be born in Thailand. Buoyed by its extraordinary economic development, the country has made great strides forward in education, health and quality of life, benefiting millions of children. Look more closely, however, and another truth emerges: many children are left behind by the tide of progress. Too many are born into inequality, facing obstacles like poverty, inadequate nutrition and education, exposed to violence, all leading to lifelong consequences.

Looking closely is exactly what this report is designed to do, using hard data as a magnifying glass. In an era marked by rapid-paced socio-economic changes and evolving global crises and challenges, the importance of comprehensive, reliable data cannot be overstated. The Multiple Indicator Cluster Survey (MICS) has been conducted by the National Statistics Office and UNICEF for nearly two decades, and – with 34,000 households taking part in 2022 - is the largest survey on the situation of children and women in Thailand. Not only is it a vital instrument for understanding Thailand's diverse social fabric, exploring twelve crucial topics including health, education, gender inequality and child protection, but it also provides a blueprint for evidence-based policies and interventions that can create lasting positive changes.

To illustrate the inequality in Thailand, imagine two children - Lalin and Nida - whose very different socio-economic backgrounds shape very different childhoods. Lalin is born into the country's wealthiest 20 per cent and benefits from abundant support, while Nida grows up in the poorest 20 per cent, may be living in the southern provinces where MICS data shows children are likely to face the sharpest inequalities.

Lalin will almost certainly be fully immunized by the age of 1, while Nida only stands a one in four chance of receiving all vaccinations. Nida is twice as likely as Lalin to be underweight, due to poorer nutrition. And while both Lalin and Nida will enter primary school, their experience will likely be different. Three quarters of Lalin's peers will achieve foundational numeracy skills, compared to around half of Nida's peers. As they grow older, Lalin's 89 per cent likelihood of progressing to upper-secondary school sets up a future rich with potential, while only half of children like Nida advance beyond lower-secondary school. Nida's options are also likelier to be limited through early marriage, with 26 per cent of her peers marrying before 18, compared to Lalin's significantly lower likelihood of 8 per cent.

It's for children like Nida that this report has been created. From its detailed analysis of health outcomes to an in-depth exploration of educational disparities, it provides a nuanced understanding of Thailand's development trajectory. It's crucial to utilize this evidence to identify persistent problems and groups of children that are lagging behind, ensuring limited resources are directed where they're most needed.

As we navigate an ever-changing global landscape, characterized by interconnected challenges such as climate change, health crises, and economic uncertainties, the role of data-driven insights will become increasingly critical.

Effective solutions to all the problems explored in this report do exist, drawing from past successes and international experiences. We will work hard to ensure the evidence and solutions identified will be acted on, moving us closer to breaking the "lottery of birth" and ensuring a level playing field where every child in Thailand has the chance to thrive and contribute to the nation's future.

Sincerely,

Kyungsun Kim
Representative
UNICEF Thailand

1 Why this report and why now?

The primary objective of this report is to analyse the current state of inequality among children and provide recommendations on how to ensure every child in Thailand has an equal chance to thrive. The findings are expected to contribute to the development of evidence-based policies at national and sub-national levels aimed at closing inequality gaps among children.

The secondary aim of this study is to begin a wider conversation about inequality in opportunities for children across Thailand. Despite the nation's commendable strides in offering unprecedented chances for many children, it is vital to acknowledge that some are still left behind. This report highlights disparities in 12 key areas and provides practical advice in bridging these gaps. As Thailand aims for high-income status, it must prioritize the well-being and equitable opportunities for all of its children.

The recent data from the 2022 *Thailand Multiple Indicator Cluster Survey* (MICS) presents an excellent opportunity to pinpoint key issues critical to children's well-being and analyse the gaps. MICS stands as the largest source of statistically sound and internationally comparable data on women and children worldwide. Since its inception in 1995, MICS surveys have been conducted in 120 countries and are a major source of data on the Sustainable Development Goals (SDGs). Since 2005, five rounds of MICS have been conducted in Thailand by the National Statistical Office with support from UNICEF.

What makes MICS so valuable and effective? It is not only its rigorous methodology and comprehensive data, but also its ability to create detailed information about diverse groups. It allows us to see disparities and inequalities among older and younger children, those in urban and rural areas, children with mothers who have primary and higher education, and children from poorer and richer families. This level of detail helps policy makers create interventions that meet these specific needs. Another benefit of MICS is that it covers all children, including those outside mainstream systems. For example, it looks at both children in education and those who drop out of schooling, families covered by social protection, and those outside of it.

Data forms a foundation for change and progress. However, its true value is unlocked only through effective utilization. At UNICEF, we firmly believe that the right data needs to be in the right hands at the right time. We hope that the insights from MICS data and the in-depth analysis presented in this report will serve as a powerful call to action. The recommendations outlined herein aim to serve as a roadmap for meaningful change.

The report provides in-depth analysis and recommendations in 12 areas:

- Nutrition
- Breastfeeding
- Immunization
- Early childhood development
- Care and parenting
- Children living apart from their parents
- School attendance
- Foundational learning
- Child discipline
- Adolescent birth rate
- Child marriage
- Social protection

2 Inclusive futures: 12 equity priorities for the children in Thailand

2.1 Nutrition

Every child has the right to survive and thrive. Optimal nutrition can help shape children's lives by improving their physical, cognitive and emotional development. It also protects their health and lays a firm foundation for children to realise their full potential. Well-nourished children are also better able to participate and contribute to their communities. And they are more likely to be resilient in the face of disease, disasters, and other crises. From conception to a child's second birthday, as children's brains and bodies rapidly develop, the first 1,000 days of life provide a critical window in which nutrition can make the difference between a child surviving or thriving. After two years of age, reversal of nutritional deficiencies becomes more difficult. But there are still opportunities for catching up, particularly during the adolescent period, which is a second period of rapid growth.

Lack of nutrition in children under 5 years old is a significant contributing factor to illness and mortality. Children who are wasted (have low weight for height) suffer weak immune systems and face an increased risk of infection and death. If they survive, they are more susceptible to stunted growth and long-term developmental delays. Chronic malnutrition results in stunting (height for age) – an irreversible condition that not only affects children's growth, but can also cause the delays in cognitive and motor development. The effect of stunting may last a lifetime, as the brain of children who are stunted may never develop to their full cognitive potential, hindering their ability to learn as children, earn as adults, and contribute fully to their societies.

Similarly, an overweight or obese childhood is associated with an increased risk of being overweight and obese later in adulthood, which can cause health problems and diseases like type II diabetes. Additionally, overweight children face a greater risk of developing mental health problems and low self-esteem due to stigmatization (including self-stigmatization). The double burden of malnutrition in Thailand, which is characterized by children being both undernourished and overweight, presents a growing public health challenge putting considerable strain on health systems, reducing economic productivity.

Key Indicators:

Percentage of children under five years of age who are stunted, wasted or overweight.

Definitions:

Stunting: Height-for-Age. Child stunting occurs when a child is too short for their age.

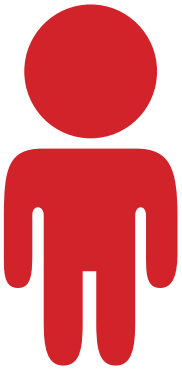
Wasting: Weight-for-Height. Child wasting happens when a child has low weight for their height.

Overweight: Weight-for-Height. Child overweight occurs when a child has a high weight for their height.

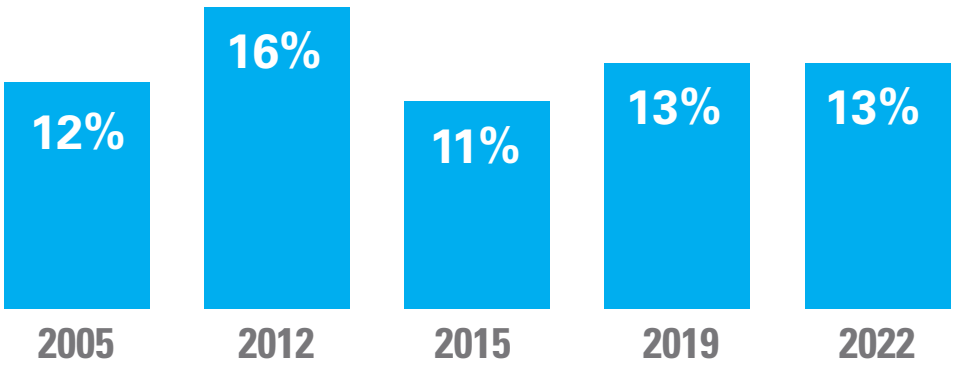
Key results:

Approximately **13%** of children under 5 in Thailand are stunted (have height too low for their age)

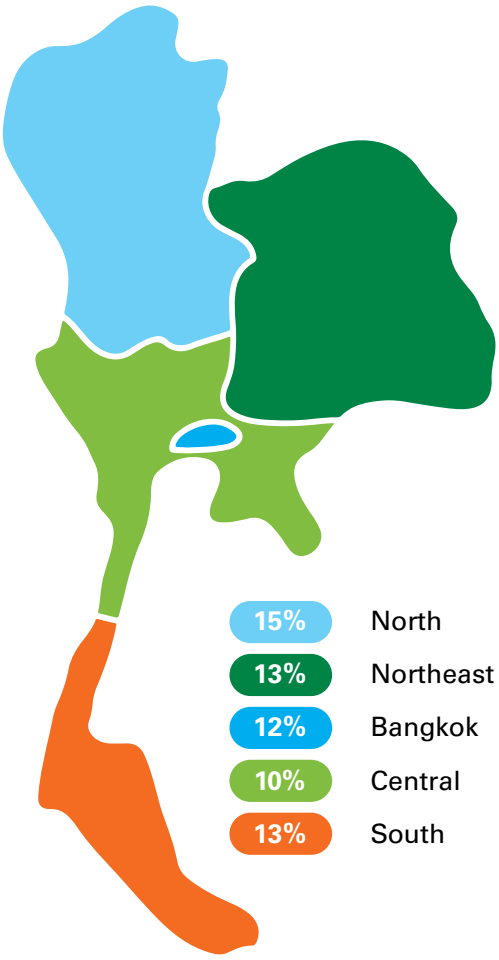
The share of children who are stunted has not changed significantly since 2005. And the problem persists.



Proportion of children under 5 who are stunted:



Stunting is a nationwide problem. There is little variation across regions.



Children from Thai-speaking families
12%

Children from non-Thai-speaking families
16%

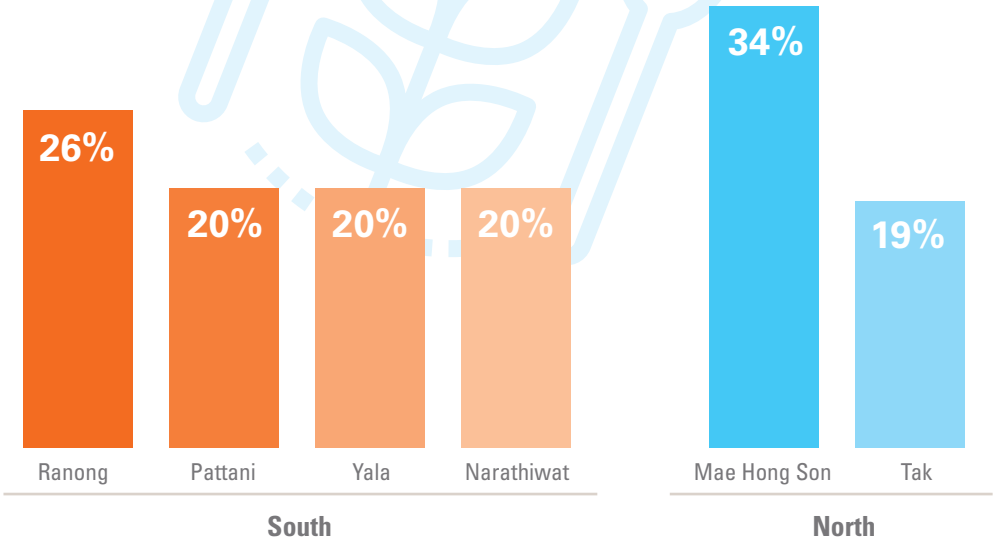
Mother's education – primary or none
14%

Mother's education – higher
10%

Mother's age at birth

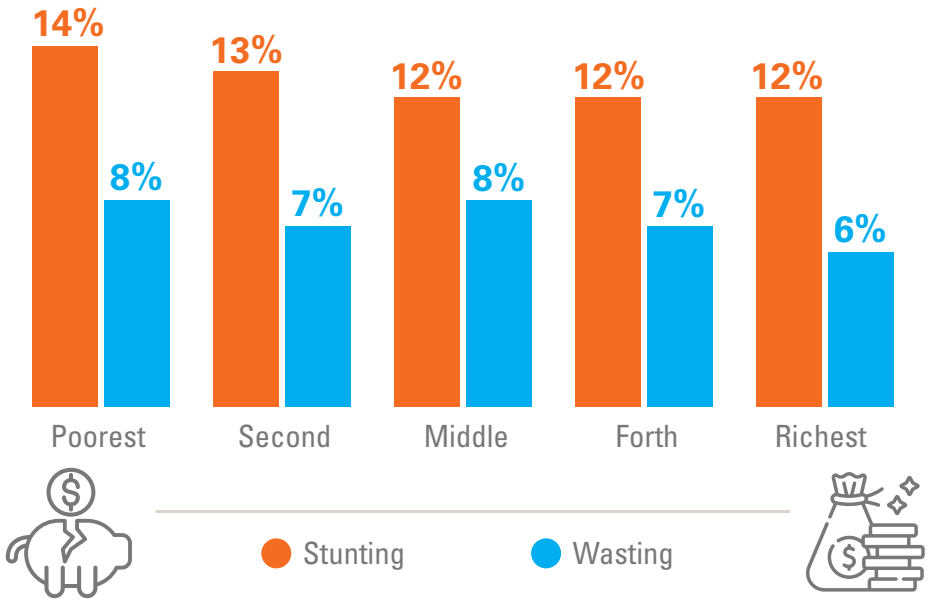
Less than 20	20-34	35-49
16%	13%	12%

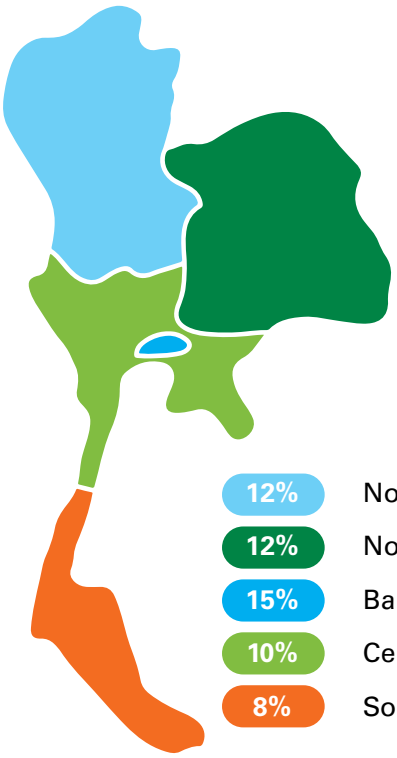
But some provinces demonstrate higher level of stunting, than national average of **13%**, namely in the South (Ranong, Pattani, Yala, Narathiwat) and in the North (Mae Hong Son and Tak), reaching **20%** and above.



Stunting and wasting are slightly more common among children from poorer families than among children from richer families, but even

12% children from richer families suffer from moderate stunting (and 6% - from wasting).





Thailand experiences a double burden of malnutrition: besides undernutrition (stunting and wasting), overweight (obesity) is an issue.

11% of children below 5 in Thailand are overweight, with the highest rate in Bangkok and lowest in the South.

Who are the most disadvantaged in terms of stunting and wasting?

Based on "Leaving No One Behind" (LNOB) methodology, ESCAP, https://lnob.unescap.org/

Stunting

'Most disadvantaged'

(i) mother secondary education or lower
(ii) poor and poorest
(iii) male

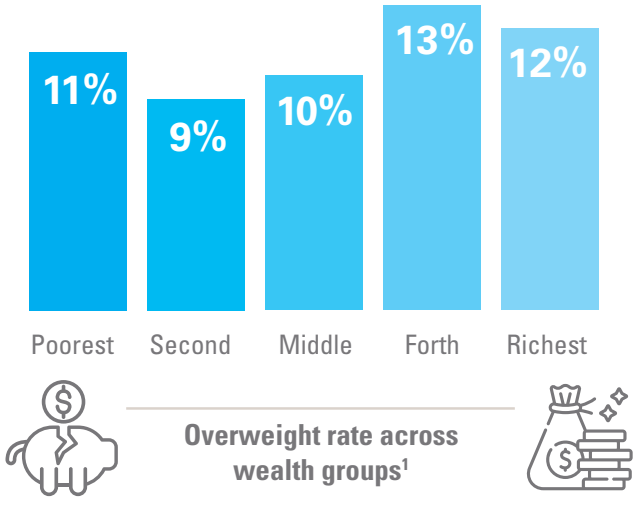
Wasting

'Most disadvantaged'

(i) urban
(ii) male

Overweight is more common among children living in Thai-speaking families, than non-Thai speaking families.

12% vs **6%** respectively



1 The wealth index used in the MICS is a composite measure of household wealth. It is calculated using data on ownership of consumer goods, dwelling characteristics, water and sanitation and other characteristics related to household's wealth. The composite factor score is used to rank households and dived into quintiles (lowest 20% to highest 20%) to facilitate analysis of disparities in various social development outcomes.

What can be done?

- Implement a holistic life-cycle approach in national nutrition programmes, targeting the first 1,000 days of life (from conception through to a child's second birthday) as well as middle childhood and adolescence, that focusses on breaking the intergenerational cycle of malnutrition.
- 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.
- Enhance parenting support and increase accessibility and quality of programmes for young children that focus on all aspects of nurturing care, including nutrition, ensuring all groups of caregivers (including grandparents) can access the programme.
- Strengthen hospital-based parenting schools to ensure improved knowledge among new parents – both mothers and fathers and other family-based caregivers – during the first 1,000 days of life (from conception through to a child's second birthday) to sustain optimal child development outcomes.
- Expand Child Support Grant coverage to include all children under 6 years of age, including pregnant women, and facilitate its integration with other nutrition-sensitive policies, programmes, and initiatives to maximize impact beyond household security.
- Using effective delivery channels targeting the most vulnerable, 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.
- Tighten regulations on the marketing of junk food and sugar-sweetened beverages to children, including advertising through digital media and restrict the marketing of unhealthy foods (such as snacks with high sugar, salt and unhealthy fat) in and around schools.
- Encourage businesses to assess how the marketing of unhealthy foods (such as snacks with high sugar, salt and unhealthy fat) can impact the rights of children and create risks for them, including in their own business conduct in the wider supply chain. Also devise strategies to mitigate identified risks.
- Strengthen the implementation of recommendations on school-based food and nutrition standards nationwide. This can include educating children about the importance of a healthy diet and an active lifestyle, weaving messaging into physical education and after-school programmes.
- Strengthen coordination and integration of policies and services across the agriculture, health and education sectors reflecting the interactions and interconnections among health-promoting food systems that contribute to optimal nutrition.

2.2 Breastfeeding

Breastfeeding gives children the healthiest start in life and saves lives. Breast milk is not only an essential source of nutritious food, but also a medicine rich in antibodies, tailored to the unique needs of each child. It helps to protect infants from preventable infections - such as diarrhoea - early in life. Whilst the short-term health benefits of best breastfeeding practices are clear, research has also shown the positive impact of breastfeeding on long-term health and development. Significantly, extended breastfeeding is linked to potential protection against overweight and obesity in later childhood, as well as improvements in intelligence.[2]

Breastfeeding also helps establish the vital and life-long physical and emotional bond between a mother and her baby. It is a cost-effective health intervention that can boost human capital by providing long-lasting protection throughout life, giving 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.

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

Key Indicators:

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

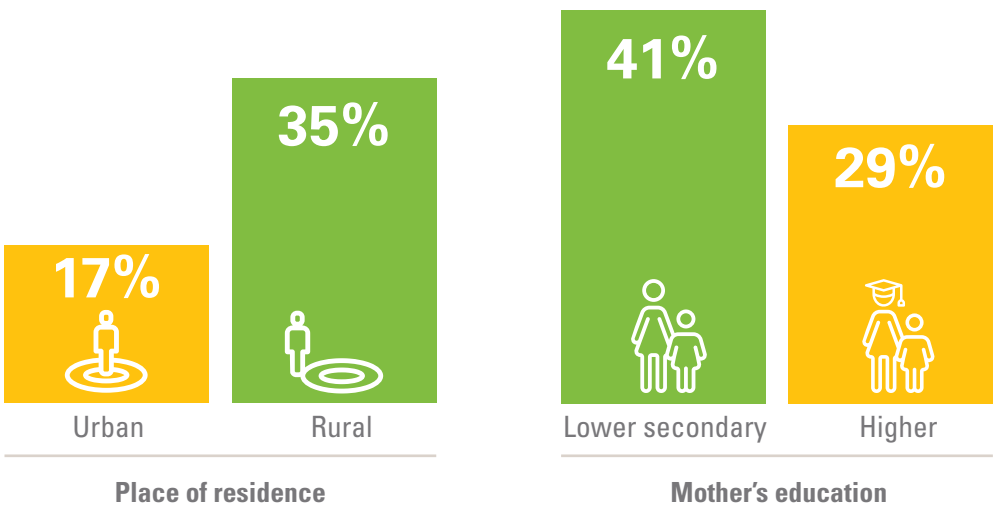
Key results:

Babies under 6 months of age who were exclusively breastfed

Approximately **29%** of babies were exclusively breastfed for the first six months of their lives in 2022

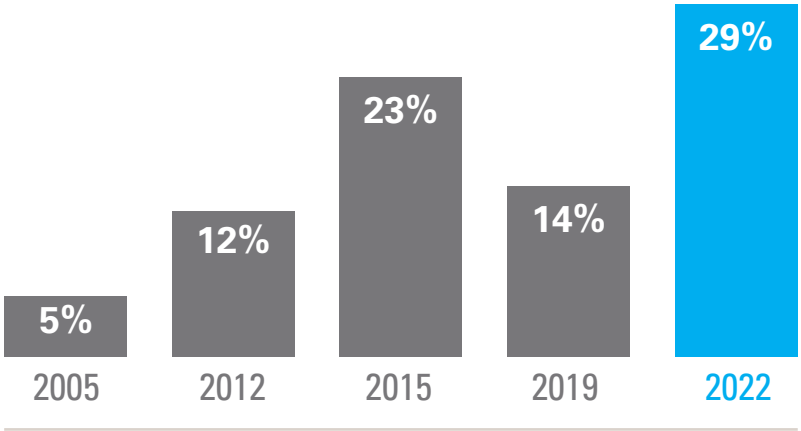
While

GLOBAL NUTRITION TARGET
50% [3]



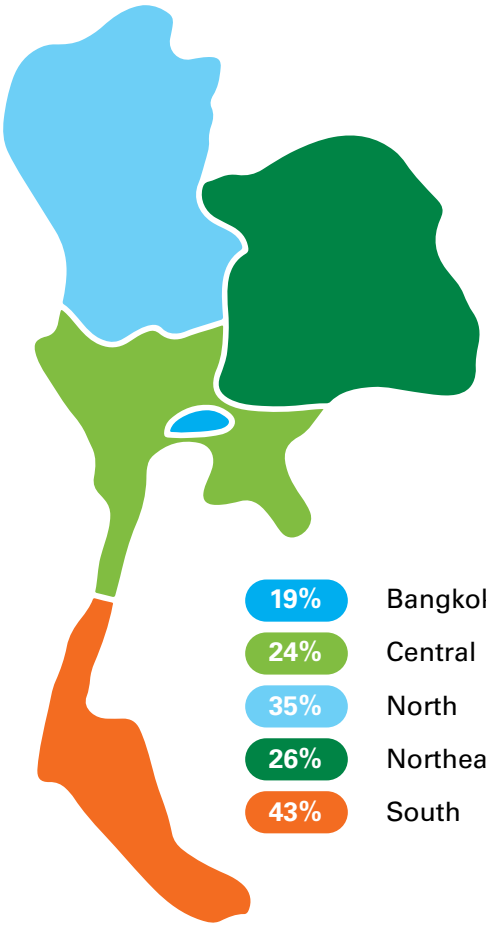
3 WHO resolution. 2025 Global Nutrition Targets http://www.who.int/nutrition/global-target-2025/en/

Children under six months-of-age who were exclusively breastfed.



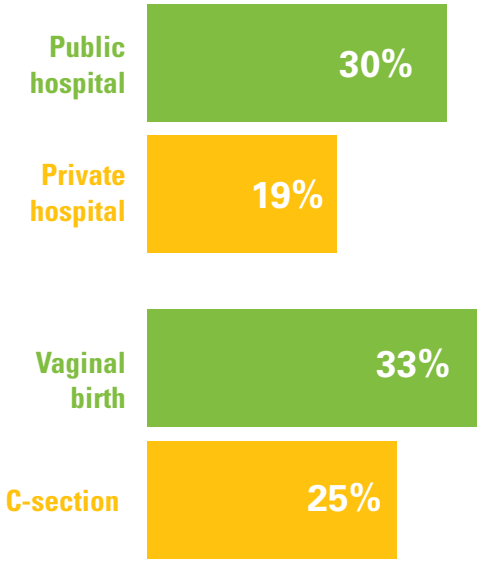
2022 demonstrated a positive change.

Early initiation of breastfeeding. Only 29% of children where first breastfed within one hour of birth.



19%	Bangkok
24%	Central
35%	North
26%	Northeast
43%	South

Early initiation of breastfeeding is more likely to occur in public hospitals compared to private hospitals and for vaginal deliveries compared to C-sections.



What can be done?

- Strengthen the 10 steps of the Baby-Friendly Hospital Initiative (BFHI) in public and private hospitals throughout the country.
  - Support mothers to initiate breastfeeding within the first hour after delivery. Emphasize the national guidelines, and monitor implementation, especially in public hospitals where policy already exists.
  - With the right support, most new-borns delivered by caesarean section can be put to the breast within the first hour of life. Advocate for supportive hospital policies and strengthen the capacity of healthcare workers to support post-caesarean breastfeeding. At the same time, communicate with pregnant women to reduce the rate of elective caesarean sections.
  - Invest in capacity building of nurses and healthcare workers to provide lactation counselling to every mother. Develop new channels for mothers to be able to receive counselling in a timely manner and conveniently throughout their breastfeeding journey.
- Ensure strict enforcement and implementation of the Control of Marketing Promotion of Infant and Young Child Food Act 2017 in public space, as well as in public and private health facilities alike. Review the legislation to ensure that its scope is in line with the International Code of Marketing of Breast-Milk Substitutes, and that it can address the violations using new marketing practices especially through online channels.
- Invest in research to identify and understand the social, economic, and cultural barriers that influence infant feeding practices up to the age of two, to adequately inform national policies, strategies, and interventions needed to promote, support, and protect breastfeeding.
- Invest in strategic communication campaigns that can help increase the rate of exclusive breastfeeding (not giving water or other liquids), starting complementary food at six months. Culturally sensitive communication campaigns targeted at families and communities can help to create an enabling environment which normalize breastfeeding and supports continued breastfeeding beyond six months.
- Introduce comprehensive family-friendly policies to support working mothers including support for breastfeeding in the workplace. This also incorporates the provision of paid parental leave policies, access to affordable and quality childcare (both on-site or off-site), universal child benefits and adequate wages. Workplaces should provide access to safe, clean, and culturally appropriate breastfeeding rooms and ensure that women can take paid breastfeeding breaks with flexible working hours.

2.3 Immunization

Immunisation is a proven tool for controlling and eliminating life-threatening infectious diseases and is estimated to avert between 3.5 and 5 million deaths each year.[4] It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations.

The WHO Recommended Routine Immunisations for Children[5] advocates all children be vaccinated against tuberculosis, diphtheria, tetanus, pertussis, polio, measles, hepatitis B, haemophilus influenzae type b, pneumococcal bacteria/disease, rotavirus and rubella.[6] Depending on the epidemiology of disease in each country, all doses are recommended to be completed before the child's first birthday. The first doses of measles and rubella vaccines may be recommended at 12 months or later. The recommended number and timing of most other doses also vary slightly with local epidemiology and may include booster doses later in childhood.

The vaccination schedule of National Immunisation Programme of Thailand is illustrated in the following table.

Table: The vaccination schedule of National Immunisation Programme of Thailand

Age	Vaccination								
	BCG	HepB	OPV	DTP-HepB-Hib[7]	Rota[8]	IPV	MMR	DTP	LAJE
At birth	✓	✓							
2 months			✓	✓	✓				
4 months				✓	✓	✓			
6 months				✓	✓				
9 months						✓	✓		
1 year									✓
1.5 years			✓				✓	✓	
2.5 years									✓
4 years			✓					✓	

4 Immunization Highlights 2015." World Health Organization. 27 June, 2016. Accessed 23 August, 2018. http://www.who.int/immunization/highlights/2015/en/.

5 *WHO Recommendations for Routine Immunization - Summary Tables.* World Health Organization. 22 August, 2018. Accessed 23 August, 2018. http://www.who.int/immunization/policy/immunization_tables/en/

6 Additionally, vaccination against the human papillomavirus (HPV) is recommended for girls from nine to 14 years of age, but coverage of this vaccine is not yet included in MICS, as methodology is under development.

7 Hib vaccination was first introduced in the 2019 schedule.

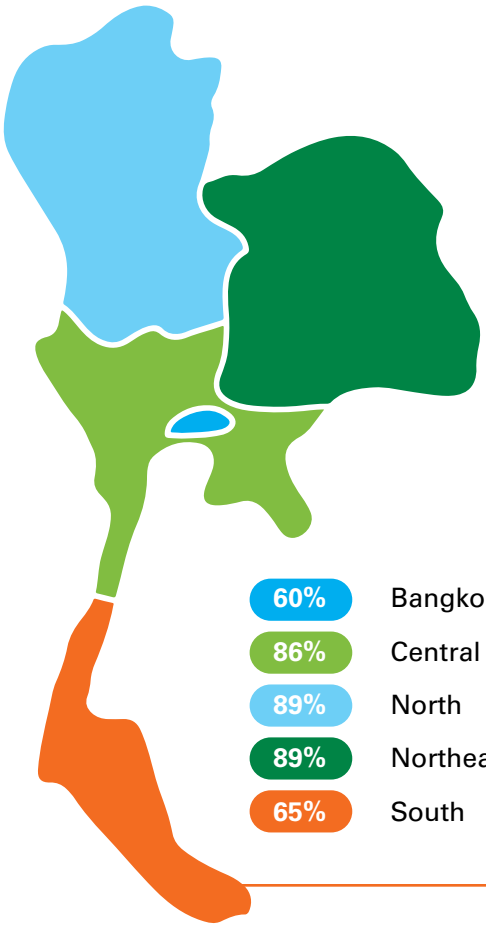
8 Rota vaccination was first introduced in the 2020 schedule.

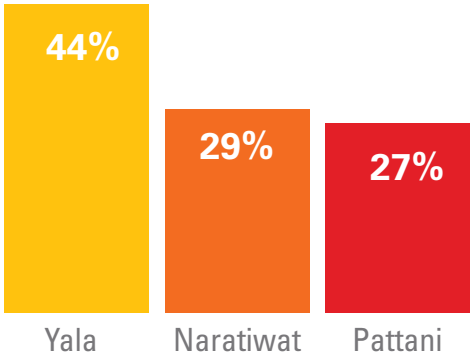
Key Indicators:

Percentage of children age 12-23 months vaccinated against vaccine preventable childhood diseases at any time before the survey (basic antigens)

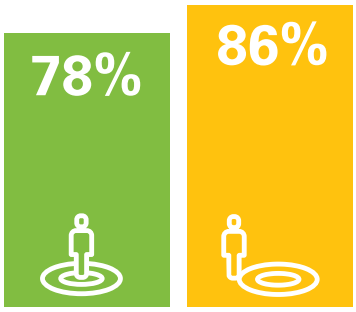
Key results:

83% of one-year-old children across the country are fully immunized against diseases such as measles, polio and tuberculosis (basic vaccination), but the rate varies across regions.

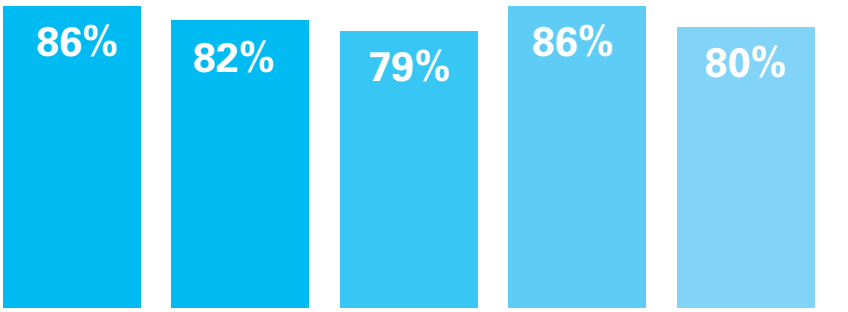




Southern border provinces have some of the lowest routine immunization coverage rates in the country



Vaccination rate is lower in urban areas compared to rural areas



Vaccination rate is lower for:

- Children whose mothers have pre-primary or no education : **67%**
- Children living in non-Thai speaking families : **71%**
- There seems to be no financial constraints to vaccination. Children living in poorer families have slightly higher rates, whereas middle group has the lowest rate.

What can be done?

- Support frontline health providers and communicate with parents and caregivers to stress the importance of follow-up vaccine doses for maximum effectiveness, addressing the lower coverage rates for second and third doses.
  - Identify the reasons for such decline, which can be particular to the context of each location and ensure that appropriate improvements are taken.
  - Parents can be reminded by phone, short messaging, or outreach networks such as the village health volunteers about the scheduled follow-up doses.
  - Ensure that the service is convenient for parents and caregivers, such as reducing the long waiting time and extending the service hours.
  - Provide information to parents who are concerned about any negative experience when the child received the first dose.
- Ensure that immunization services are accessible to vulnerable children of all nationalities and those who live in remote areas. Conduct outreach to parents and caregivers who may not speak Thai and provide information about the benefit of immunization and how their children can receive it.
- Strengthen the skills of health workers in interpersonal communication (IPC) to ensure they effectively communicate the importance of immunization, and confidently address concerns about the vaccine; its possible side effects, and how to care for the children after getting the vaccine.
- Develop a risk communication and community engagement strategy in areas where the immunization coverage is low (such as the Southern Border Provinces) and carry out campaigns to reach parents and caregivers with key messages addressing vaccine hesitancy and highlighting the importance of immunization. Monitor and address disinformation and misinformation related to vaccines and community engagement and mobilization activities should be conducted to engage with community and religious leaders.

2.4 Early Childhood Development

Early childhood development is a multidimensional process involving a progression of motor, cognitive, language, socio-emotional and regulatory skills for the first 5 years of life.[9] This is why the five elements of nurturing care – health, nutrition, early learning, security and responsive caregiving – are so important for early childhood education and development. Nurturing and supporting all these dimensions in a holistic manner is key to ensuring children have the best chance to reach their full potential. Investment in the early years supports future learning, health and well-being, upholding the right of every child to survive and thrive.[10]

The Early Childhood Development Index 2030 (ECDI-2030) module captures the achievement of key developmental milestones by children between the ages of 24 and 59 months. The ECDI-2030 was developed with the specific aim of providing countries with a measure that meets the requirements for global monitoring and reporting on SDG 4.2.1. The measure includes 20 questions about the way children behave in certain everyday situations and the skills and knowledge they have acquired, reflecting the increasing difficulty of the skills children acquire as they grow. These are organized according to the three general domains of health, learning and psychosocial well-being.[11]

Children are considered to be developmentally on track if they have achieved the minimum number of milestones expected for their age group. Each of the three general domains is composed of a set of core sub-domains:

- Health sub-domains: gross motor development, fine motor development and self-care.
- Learning sub-domains: expressive language, literacy, numeracy, pre-writing, and executive functioning.
- Psychosocial well-being sub-domains: emotional skills, social skills, internalizing behaviour, and externalizing behaviour.

The early years are when inequality sets in. Over 1 in 5 children in Thailand are at risk of not attaining their full development potential due to poverty, inadequate nutrition, exposure to stress and lack of early stimulation and learning. Children from wealthier and educated backgrounds tend to achieve their developmental milestones in a timely manner and begin primary school ready to learn.

9 UNICEF et al. *Advancing Early Childhood Development: From Science to Scale. Executive Summary,* The Lancet, 2016. https://www.thelancet.com/pb-assets/Lancet/stories/series/ecd/Lancet_ECD_Executive_Summary.pdf

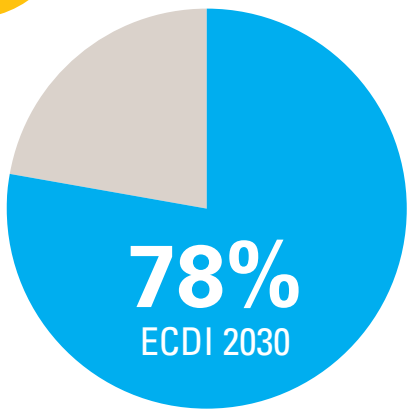
10 Shonkoff, J. and D. Phillips. From *Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press, 2000.; United Nations Children's Fund, Early Moments Matter, New York: UNICEF, 2017.

11 For details about the development of the ECDI2030 module and related indicator, see 'ECDI2030-Frequently-AskedQuestions': https://data.unicef.org/resources/early-childhood-development-index-2030-ecdi2030/

Key Indicators:

- Early Childhood Development Index (ECDI-2030) (percentage of children aged 24 to 59 months who have achieved the minimum number of milestones expected for their age group)[12]
- Early childhood education attendance (percentage of children attending early childhood education aged between 36 to 59 months)

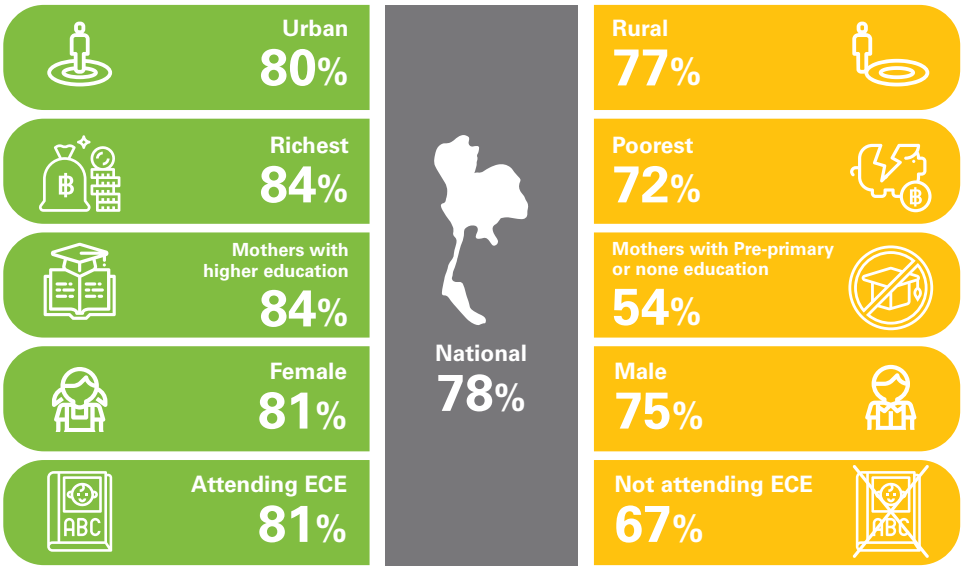
Key results:



Early Childhood Development Index (ECDI-2030) SDG 4.2.1

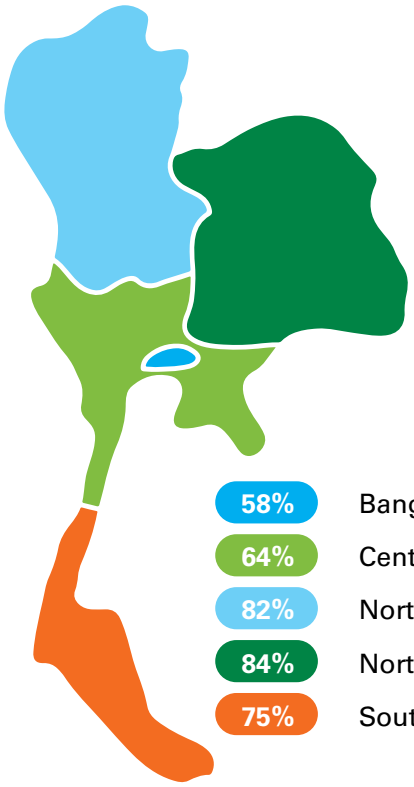
ECDI-2030: Early Childhood Development Index; percentage of children aged 24-59 months who are developmentally on track in health, learning and psychosocial well-being.

ECDI-2023 by various characteristics

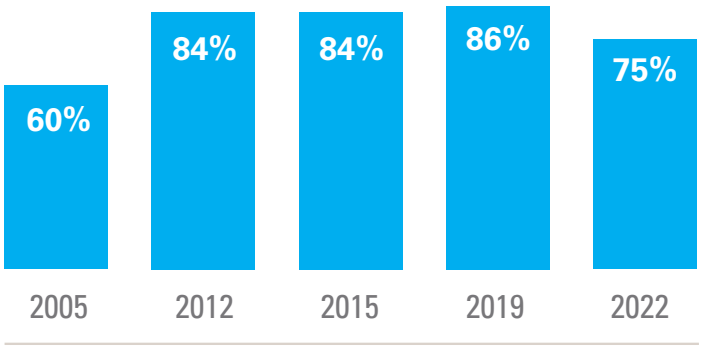


ECE = Early childhood education.

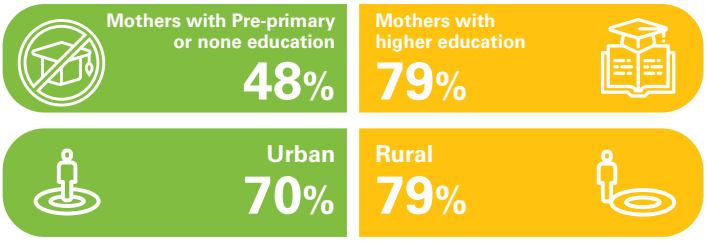
12 The indicator generated by the ECDI2030 module is not entirely comparable to the one generated by the ECDI module that was introduced in the MICS survey in 2009. For more information, see 'ECDI2030 Frequently Asked Questions' (https://data.unicef.org/wp-content/uploads/2020/07/ECDI2030-Frequently-Asked-Questions.pdf).



58%	Bangkok
64%	Central
82%	North
84%	Northeast
75%	South



Percentage of children aged 3 to 5 years attending any early childhood development programme: trend over the last 15 years



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

What can be done?

- Deliver an integrated strategy for early year interventions across sectors and government agencies, led by senior government officials to comprehensively addresses the needs of children and families as outlined in the Early Childhood Development Act of 2019.
- Scale-up routine data collection and analysis across ministries including Ministry of Public Health, Ministry of Social Development and Human Security (including child protection and social protection), Ministry of Interior, and Ministry of Education on ECD standards and indicators, including budgets and spending. This is crucial for effective planning, implementation and monitoring. Annual progress reports should be published and shared widely.
- Take coordinated measures to reduce regional disparities and inequalities in achieving early childhood development milestones, access to affordable, quality early childhood education and care services for children below three. Also take area-based actions to improve access to early childhood education that reflects local context, culture, and priorities.
- Invest in a fully-trained, qualified and funded early year workforce, including caregivers for children below three and teachers in the ECD centres. Ensure continuous professional development across all service providers.
- Increase awareness among parents and caregivers about the importance of early childhood development and education attendance. Optimize child development by investing in evidence-based parent education and support programmes to improve parenting practices.
- Put in place family-friendly policies in the workplaces, such as the provision of paid parental leave, support breastfeeding in the workplace, affordable and quality childcare (both on-site or off-site) and universal child benefits and adequate wages.

2.5 Care and parenting

Alongside good health, safety and opportunities for learning, together with responsive caregiving, is one of the critical building blocks of care for young children. Families, parents and caregivers are children's first and most enduring teachers, creating opportunities for their learning and well-being. Appropriate care and stimulation from talk and play at home serves an important neurological function ensuring healthy brain development (reading to children, telling stories, singing, playing, counting, drawing and taking children outside the home).

Materials such as books, and age-appropriate toys, are also essential to play-based learning. These activities stimulate muscles, broaden children's vision, stimulate the imagination and eagerness to learn. Interactive engagement between parents and young children also help strengthen bonds. Together with adequate caregiver interaction, a range of toys and books, help develop language in school along with coping skills like emotion regulation.

Evidence suggests that children raised in homes with many books tend to achieve three more years of schooling compared with children from households without books, irrespective of their parents' educational background, occupation and class.[13] Although increasing use of electronic devices captivates children with a variety of entertainment options, research indicates that too much screen time can negatively impact a child's ability to interpret non-verbal cues and learn the skills necessary for developing empathy. Constant stimulation and absorption of visual content on screens also affects children's attention span and focus. The WHO recommends no screen time for children under the age of two, and no more than one hour a day for those aged between 2 - 4 years of age.

13 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 Indicators:

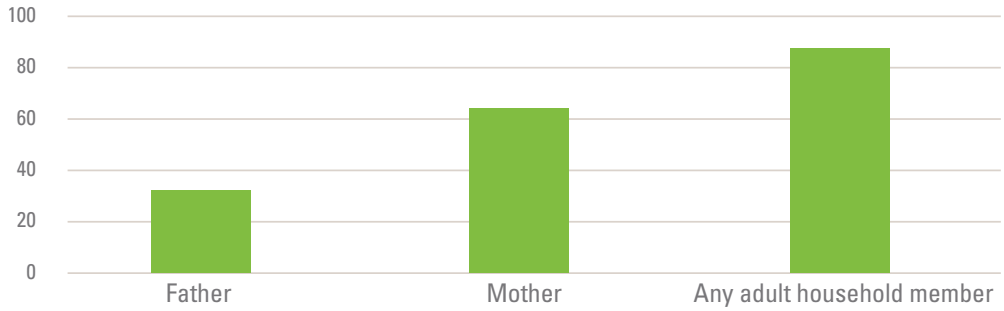
- Early stimulation and responsive care (percentage of children engaged in four activities with an adult)
- Books at home (percentage of children who have at least three books at home)
- Usage of electronic devices (percentage of children who play with electronic devices)

Key results:

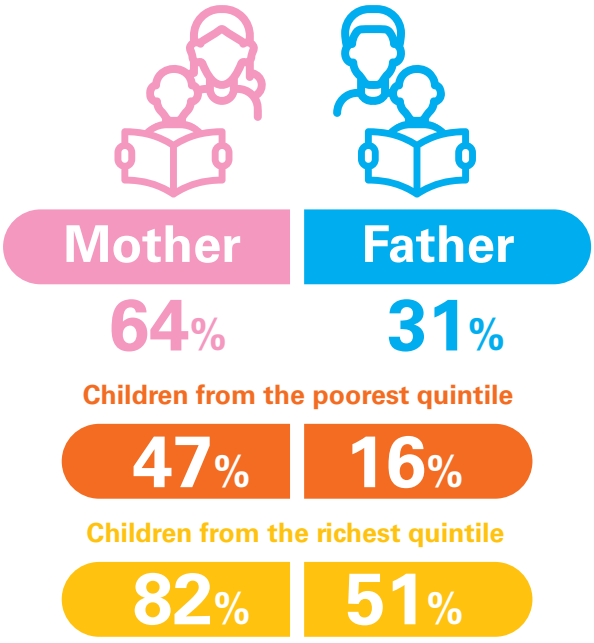
During the previous three days before the survey, **88%** of children aged between 2 - 4 years of age, did at least four activities promoting early child learning with an adult at home.

Activities that promote early childhood learning

Early stimulation & Responsive care

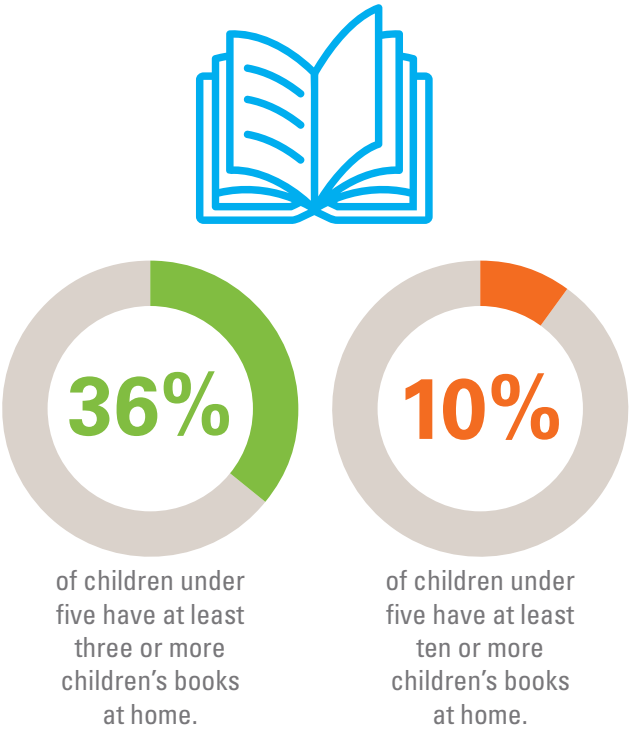


Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days



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

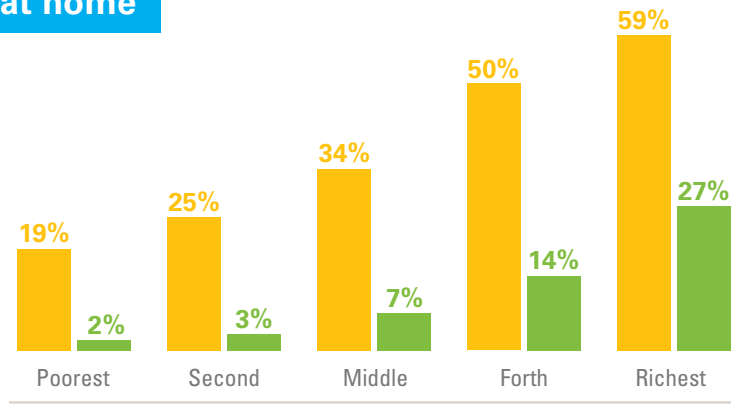
Children's books at home



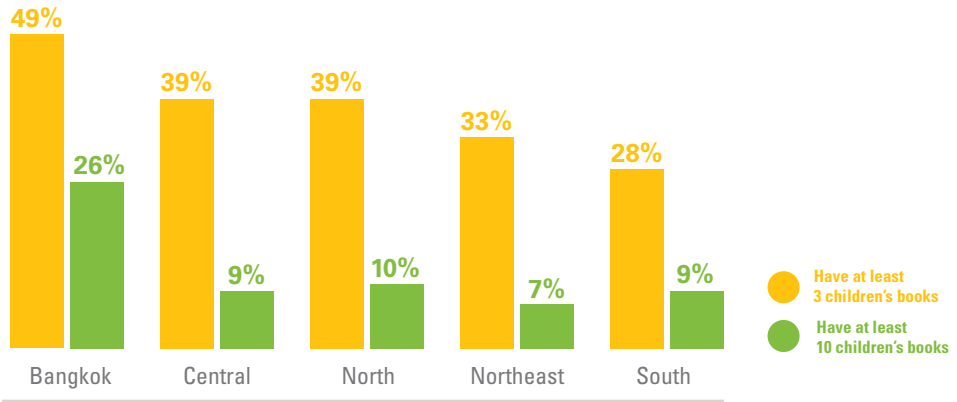
of children under five have at least three or more children's books at home.

of children under five have at least ten or more children's books at home.

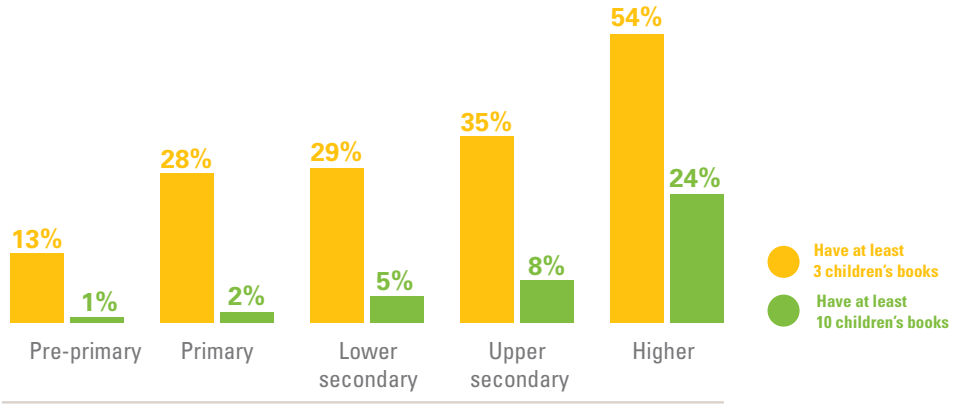
Children's books at home



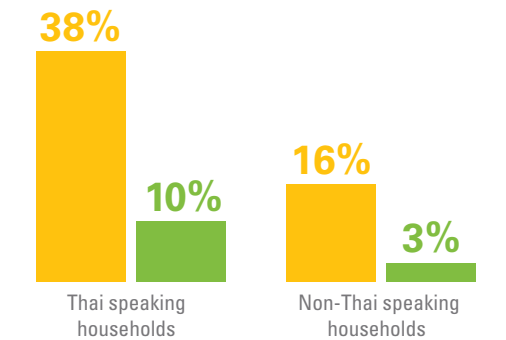
Across wealth groups



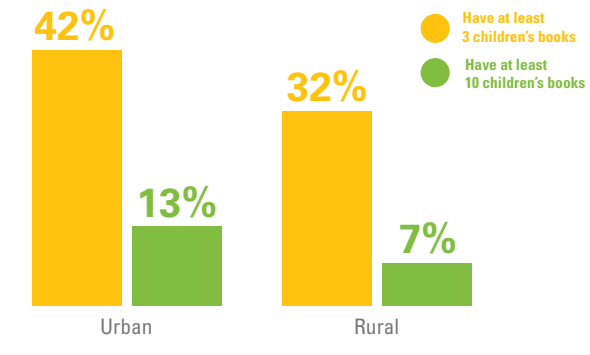
Across regions



By mother's education



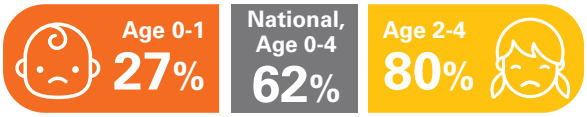
For Thai vs non-Thai speaking households



Based on urban or rural place of residence

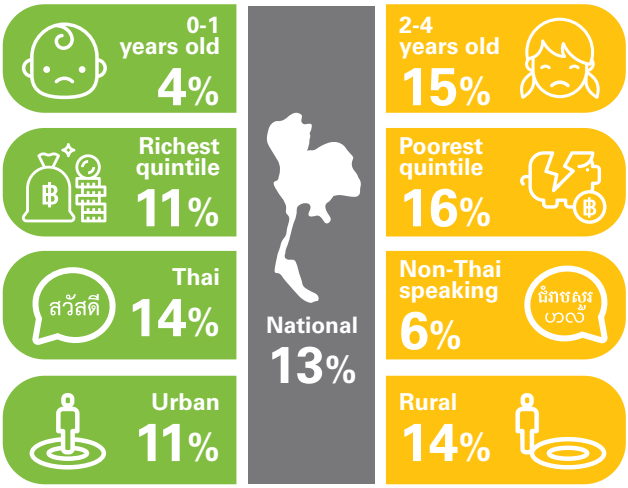
Electronic devices as playthings:

Approximately **62%** of children under 5 years play with electronic devices.



According to the recommendations from the World Heath Organization, children aged 2-5 should not have more than 1 hour of screen time per day. Those under age 2 should not have any screen time at all.[14]

13% of children under 5 years spend three hours or more playing on devices each day



What can be done?

- Increase awareness among parents and caregivers about the importance of early childhood development. Participation in educational opportunities through information campaigns and integration of key messages in existing social services.
- Support evidence-based parent education programmes to improve parenting practices, such as responsive caregiving to improve child development outcomes on a large scale. Engage fathers in parenting programmes by creating guidance and training resources emphasizing the importance of co-parenting and highlighting the complementary role of both parents in child development.
- Promote and implement national family-friendly policies including changes to labour laws and workplace guidelines in both the public and private sectors. Promote extended pay for parental leave for both men and women, breastfeeding support in the workplace with access to affordable and quality childcare (both on-site or off-site), universal child benefits and adequate wages. Raise awareness and encourage men's involvement in caring for their children.
- Assist parents and ECD caregivers to create literacy-rich environments in homes and educational settings and care centres which are tailored to children's ages, languages and culturally resources, including expanding access through mobile libraries in remote areas and providing play-based learning kits to low-income households and campaigns to encourage reading.
- Research the evolving digital landscape for potential benefits and risks of screen media on the development, learning and family life of young children. Develop evidence-based guidance to minimize, mitigate and optimize children's early media experiences as part of parenting support programmes.

14 *WHO Guidelines on Physical Activity, Sedentary Behaviour and Sleep for Children under 5 Years of Age,* https://www.who.int/publications/i/item/9789241550536

2.6 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 migration for employment opportunities, the premature death of both parents, or from natural disasters. In Thailand, children separated from their parents typically live with other family members, which usually means 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 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 absent parents report never (or hardly ever) having family time which may have long-term negative consequences on the child later in life. A survey conducted[15] 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.

15 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

Key Indicators:

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

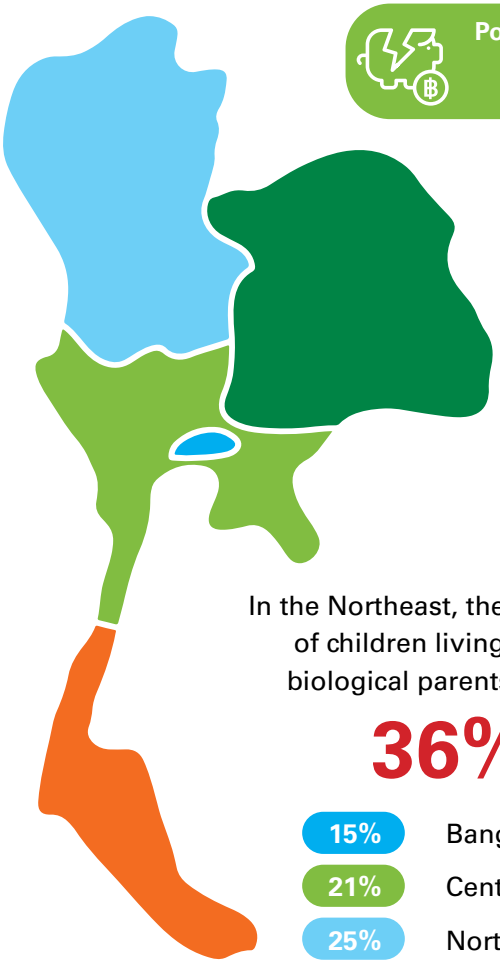
Key results:

1 in **4** children live with neither their mother or father **25%**

23% of children do not live with biological parents, while both of them are alive

Poorest quintile 31%

Richest quintile 12%



In the Northeast, the percentage of children living without biological parents reaches

36%

15%	Bangkok
21%	Central
25%	North
36%	Northeast
14%	South

Most children who do not live with their parents

79%

live with their grandparents.

What can be done?

- Encourage the establishment of a comprehensive Family Friendly Policies, measures and arrangements that allow parents and caregivers to spend more quality time with (and give quality care to) their children while working. This includes the provision of paid parental leave policies, breastfeeding support in the workplace, access to affordable childcare (both on or off-site) and universal child benefits including adequate wages.
- For the informal sector where migrant workers are present, a slightly different approach may be needed. The national social protection scheme should be strengthened to guarantee access to essential health care and basic income security for low-income or informal workers. The available options for childcare services and breastfeeding spaces close to workplaces should be expanded with clear guidance and professional training to ensure they provide quality services.
- Provide extensive training and capacity-building support to community-based workers, including social workers, para-social workers, including early child development professionals, to enhance their ability to respond to the needs of children living apart from their parents, with a focus on grandparent caretakers and those living in the Northeast.
- 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 who need support.
- Promote family-based alternative care for children who cannot live with their biological parents, such as foster care and kinship care. This includes developing clear standards and regulations for the selection, training and monitoring of alternative caregivers, as well as providing them with adequate financial and psychosocial support.

2.7 School attendance

Every child – regardless of their gender, socioeconomic background, ethnicity or location – has the right to an education. Quality education provides children with the knowledge and skills to achieve their full potential, protect themselves from harm and exploitation, and contribute to society's development.

Children who enrol late, or have not begun formal schooling, may experience poorer longer-term educational results, potentially leading to underperformance or early drop-out. International research indicates that 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.[16] Having a well-educated, young population can help boost a country's competitiveness and labour productivity, contributing to economic growth and poverty reduction. So, a fair and inclusive system that provides education to all is one of the most powerful levers for an equitable society.

In Thailand every child is entitled to 15 years of free education, including 9 years of free and compulsory education, regardless of their legal status or nationality as per the Compulsory Education Act (2002)[17] and the 2005 Cabinet Resolution. However, the latest data below suggests that disparities in access to education have not narrowed with children from disadvantaged communities facing disproportionately unequal access, which is especially pronounced at secondary level.

16 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.

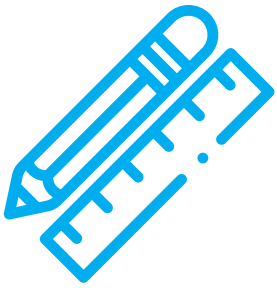
17 Compulsory Education Act (2002) http://www.bks.ac.th/lms/ebook/pdf/prb45/pdf.pdf

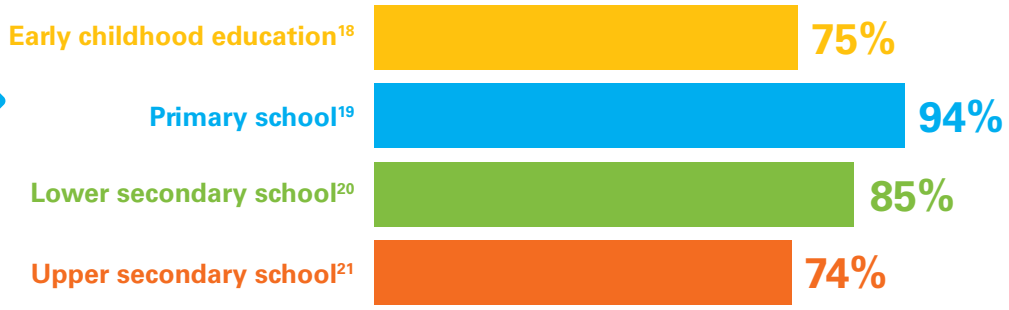
Key Indicators:

- Attendance rate (percentage of children attending primary, lower-secondary and upper-secondary school level)
- Completion rate (percentage of children age 3-5 years above the intended age for the last grade who have completed that grade)

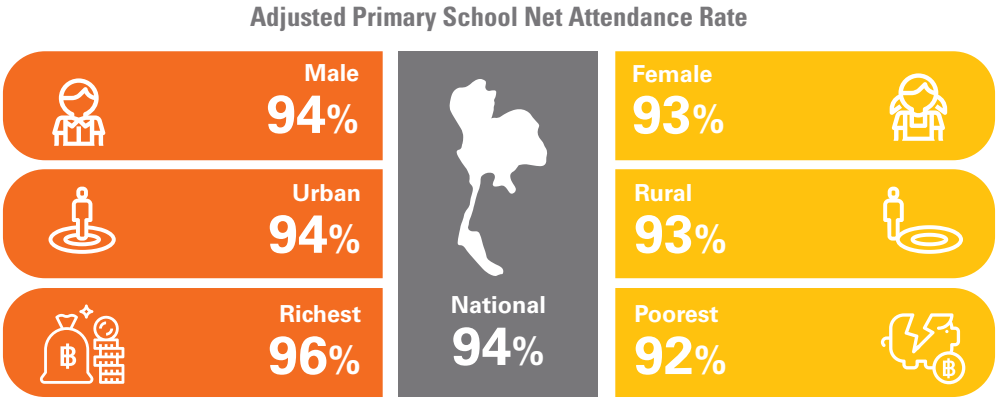
Key results:

School net attendance rates (adjusted)





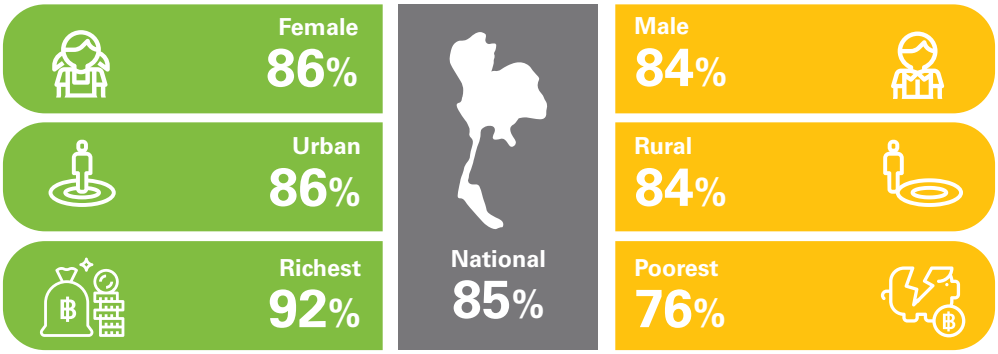
Inequalities in attendance rates



Percentage of children of primary school age (as of the beginning of school year) who are attending primary or secondary school

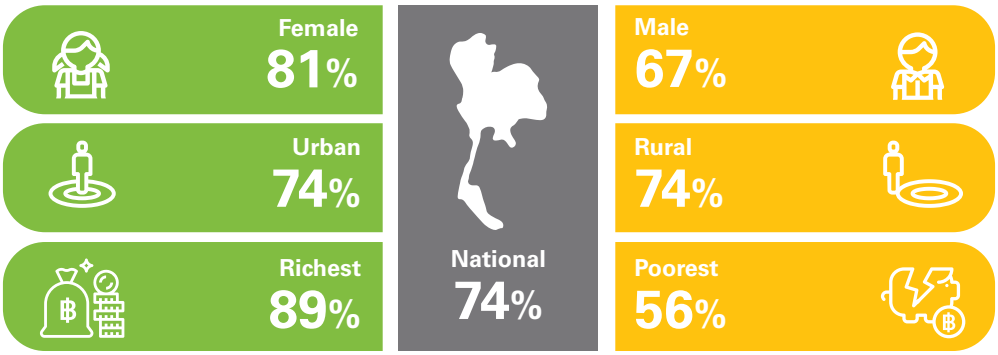
18 Percentage of children age 36-59 months who are attending an early childhood education program
19 Percentage of children of primary school age (6-11 year) currently attending primary or secondary school
20 Percentage of chidren of lower secondary school age (12-14 year) currently attending lower secondary school or higher
21 Percentage of children of upper secondary school age (15-17 year) currently attending upper secondary school or higher

Adjusted Lower Secondary School Net Attendance Rate

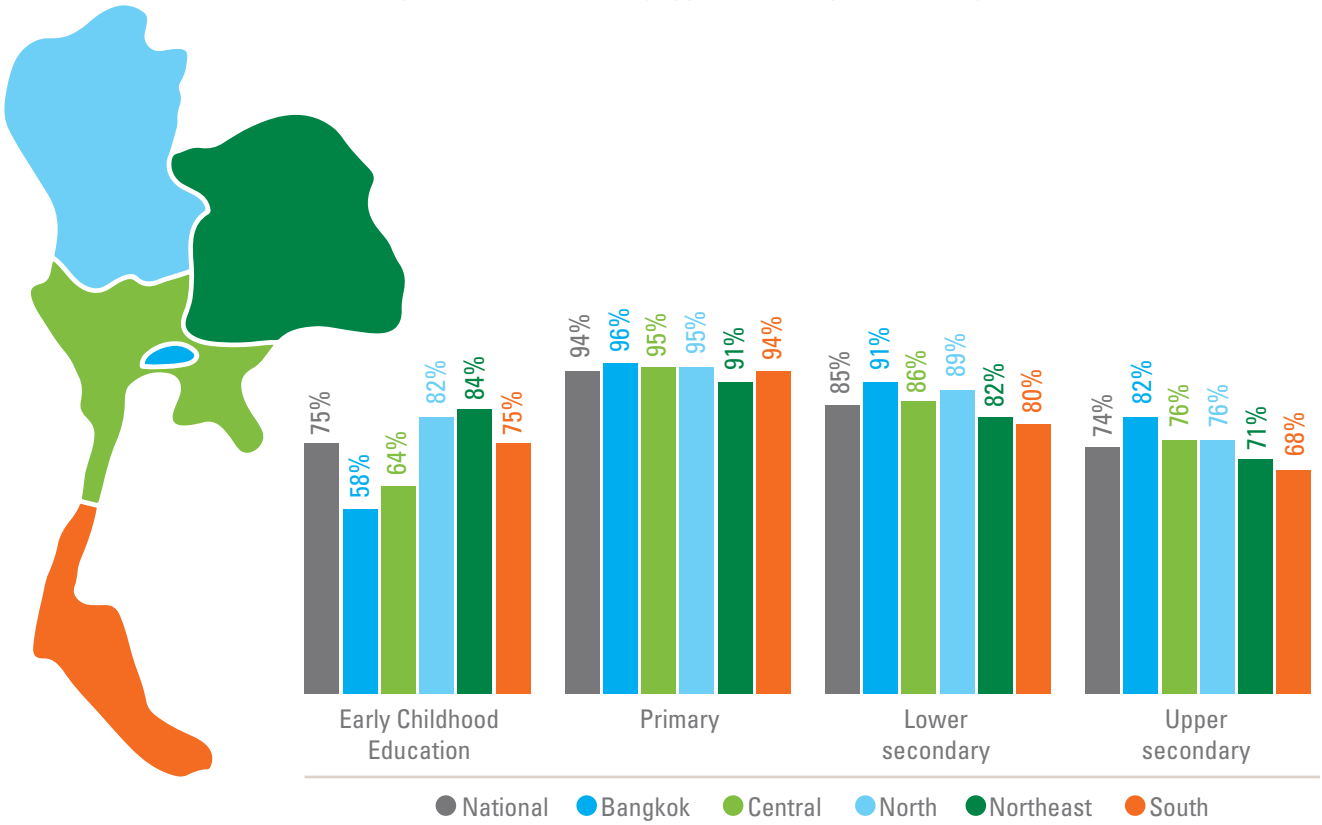


Percentage of children of lower secondary school age (as of the beginning of the current or most recent school year) who are attending lower secondary school or higher

Adjusted Upper Secondary School Net Attendance Rate



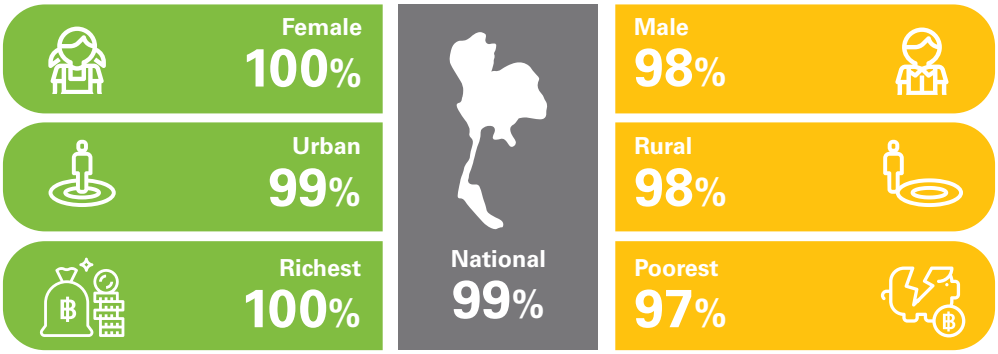
Percentage of children of upper secondary school age (as of the beginning of the current or most recent school year) who are attending upper secondary school or higher



In terms of completion rates, the largest difference is across wealth quintiles. While **96%** of richer children complete upper secondary school, only **42%** of poorer children complete upper secondary school.

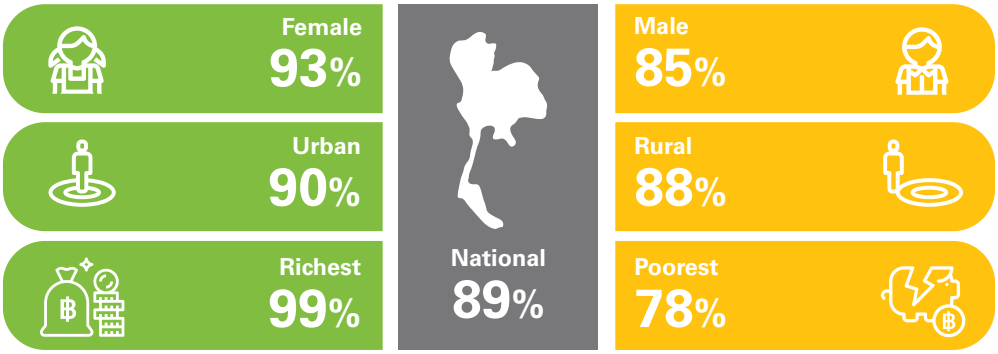
Completion Rates

Primary School



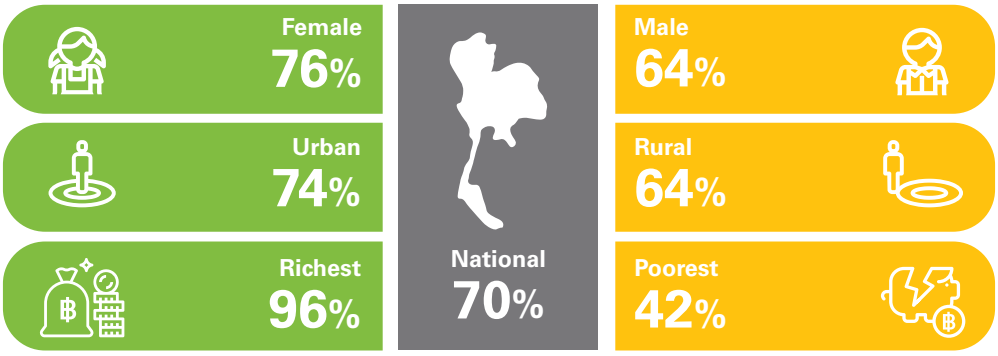
Percentage of children who age 3 to 5 years above the intended age for the last grade of primary school (age 14-16 years at beginning of school year) who have completed primary education

Lower Secondary



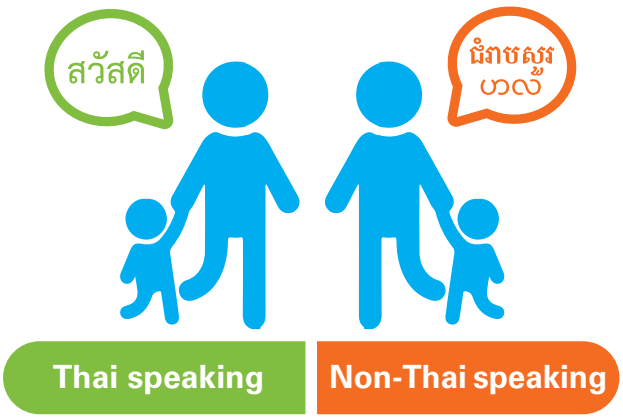
Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school (age 17-19 years at beginning of school year) who have completed lower secondary education

Upper Secondary



Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school (age 20-22 years at beginning of school year) who have completed upper secondary education

Inequalities in terms of completion rates for children from Thai and non-Thai speaking families



Lower secondary

90% | 74%

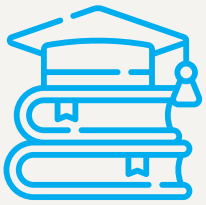
Upper secondary

73% | 30%

Who are furthest behind in completing secondary education?

Based on "Leaving No One Behind" (LNOB) methodology, ESCAP, https://lnob.unescap.org/

The average secondary completion rate in the age group 20 to 35 in Thailand is **64%**



BUT FOR

(i) poor and poorest
(ii) male
(iii) rural residence

Secondary school completion rate 32%

What can be done?

- Improve adequacy, equity, and effectiveness of budget and resource allocations for better education, including providing resources to supplement school grants, teachers together with quality learning materials, especially for small schools and those located in remote and disadvantaged areas.
- Direct resources to the students with the greatest needs and set concrete targets for more equity, particularly related to low school attendance and dropouts.
- Scale-up the implementation of multilingual education programmes in Southern, North and Northeast Thailand, especially for early years education and ensure that children from households, where Thai is not the main language, are integrated into the education system from a young age.
- Invest in improving performance and preventing dropout by setting-up monitoring and support systems to identify at-risk students early and act quickly. This means monitoring information on attendance, performance and involvement in school activities and having a concrete response to improve outcomes.
- Provide programmes for children who lack basic education, providing literacy training, work-based programmes and arrangements to recognize informal learning Focus efforts on marginalized communities to ensure continued learning, skill development and income-earning prospects for everyone.

2.8 Foundational learning

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 the significant socioeconomic progress.

The ability to read and understand a simple text is an essential skill for language development in children. However, in Thailand more than one quarter of children aged between 7 - 14 years lack basic reading skills. More than one third of children of the same age do not show basic numeracy skills.

Achieving basic literacy and numeracy levels is crucial in the early years. 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.

Foundational skills are the fundamental stepping stones needed for optimal learning outcomes, productive employment and active participation in society. It is a major factor for graduating high school and having sought-after skills in today's competitive job market.

Prioritising foundational learning skills not only empowers children and increases their employability in later life, it also narrows inequality gaps. It is a crucial investment for the country's future national economic growth. Investing in quality education is especially pertinent for countries like Thailand which are currently experiencing a rapid demographic shift towards an ageing society.

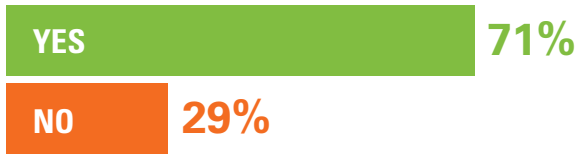
Key Indicators:

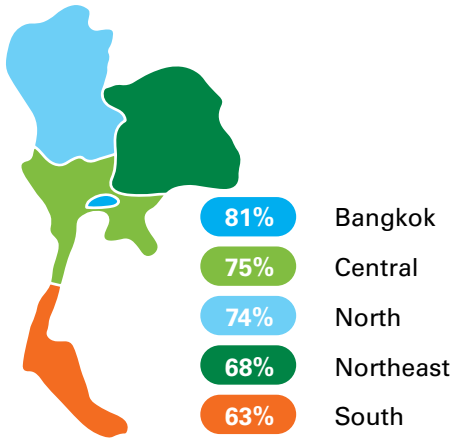
- Percentage of children aged 7-14 who demonstrate foundational reading (numeracy) skills
- Percentage of children who demonstrate foundational reading (numeracy) tasks (age for grade 2/3)

Key results:

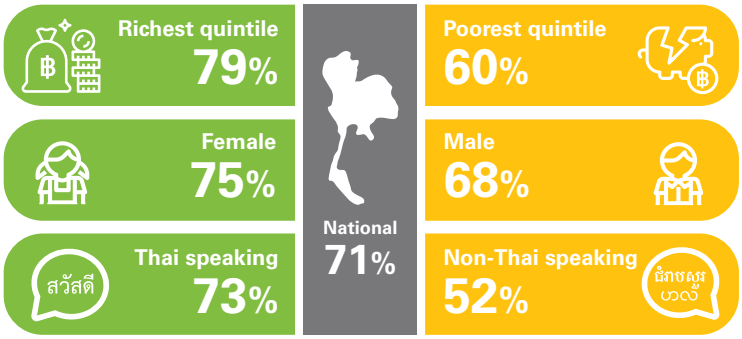
Percentage of children age 7 to 14 who demonstrate

Foundational reading skills:
- Read 90% of words in a story correctly
- Answer three literal comprehension questions
- Answer two inferential questions



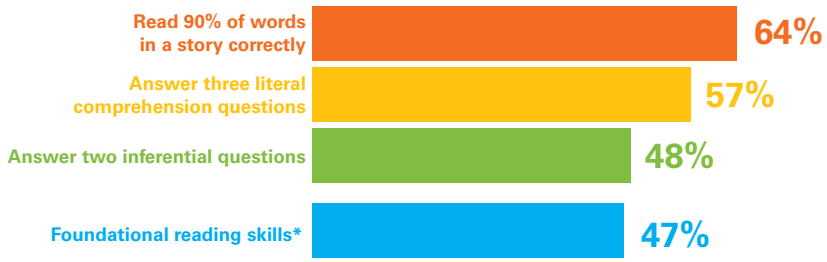


Percentage of children 7-14 who demonstrate foundational reading skills



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

Foundational reading skills, grade 2/3

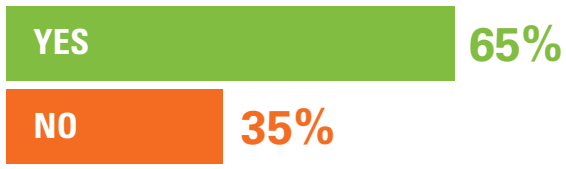


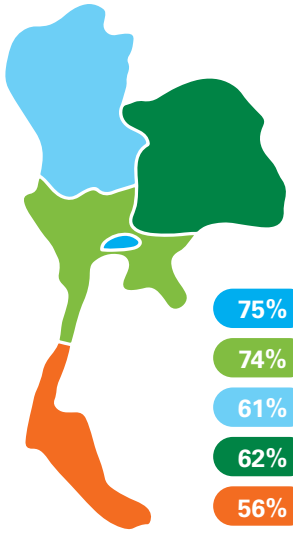
*Percentage of children of age for grade 2/3 who can successfully perform 1) correctly read 90% of words in a story 2) correctly answered comprehension questions-Three literal 3) correctly answered comprehension questions-Two inferential

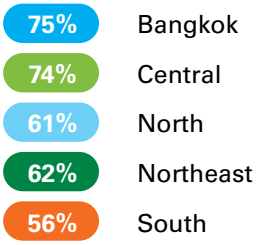
Why 2/3 grades?

These grades are crucial as they lay the groundwork for future learning, especially in numeracy and literacy. If children cannot read and comprehend basic texts by second or third grade, they will likely face difficulties in subsequent grades, leading to many falling further behind.

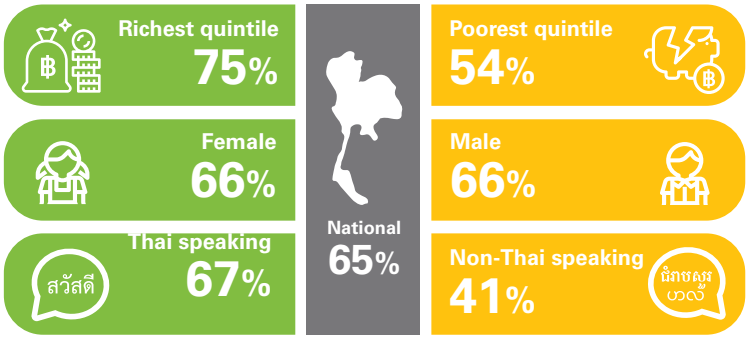
Foundational numeracy skills:
- Perform a number reading list
- A number discriminations task
- Patent recognition
- Completion task





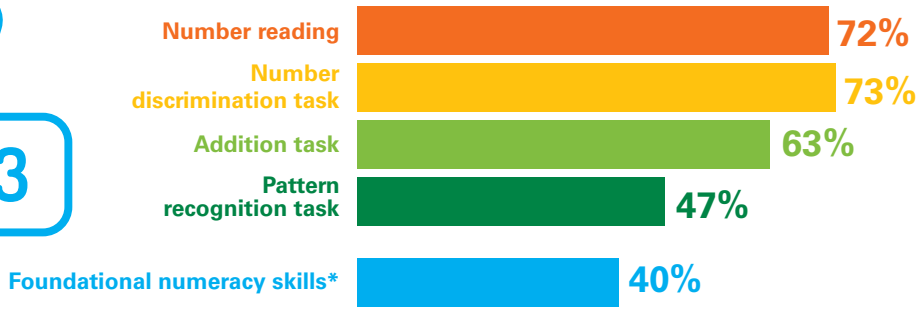


Percentage of children 7-14 who demonstrate foundational numeracy skills



Just 40% of children of age for grade 2/3 have basic 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.

Younger children's literacy and numeracy skills deteriorated during the pandemic

Foundational skills for children of age for grade 2/3

What can be done?

- Integrate a focus on foundational learning into national education strategies, in particular creating a coherent system of early care and education (ECE) which coordinates between what happens in ECE through third grade to ensure that children are ready to read and learn.
- Design, invest and implement results-driven foundational learning initiatives at the sub-national level, targeting schools which are lagging to support all children, including those from low-income families and linguistic minority and migrant households to be present, engaged and reading.
- Ensure all children have access to high-quality learning materials that align with national foundational reading and numeracy standards for all children and students, which are sensitive to different languages and cultures, supporting education in native languages.
- Build teachers' foundational literacy and numeracy and skills through coaching and professional development and provide incentives to attract high-quality teachers in schools most in need (under-resourced schools in remote areas and poorer provinces) which may cater to a higher proportion of disadvantaged children.
- Scale-up the implementation of multilingual education programmes in Southern, North and Northeast Thailand, especially for early years education and ensure children from households where Thai is not the main language are integrated into the education system from a young age.

2.9 Child discipline

Teaching children self-control and acceptable behaviour is an integral part of child rearing. It 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 avert conflict.

Unfortunately, many children are raised using verbal intimidation and violent discipline. Although the use of violence by caregivers is not necessarily intended to harm, exposure to violent discipline at a young age can have harmful consequences, ranging from injuries and emotional distress to longer-term psychological harm, including low self-esteem. Children experiencing violent discipline may not understand why it is happening and may not develop appropriate coping strategies to respond to situations arising later in life. It also contributes to the vicious cycle of intergenerational use of violent discipline, which can be passed from generation to generation.

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 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 Indicators:

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

Key results:

Half
(54%)

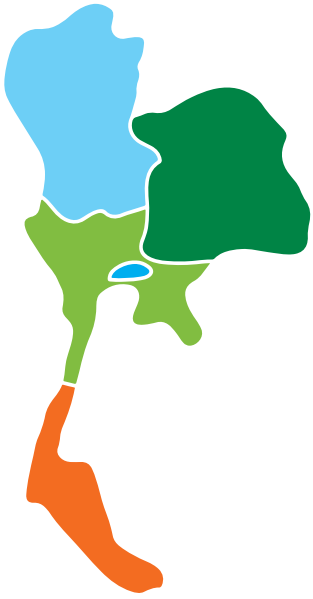
Thai children were subjected to some form of violent punishment (psychological and physical)

1 in 3
children
(38%)

Experienced physical violence

1 in 3
children
(38%)

Experienced phycological violence



Percentage of children aged one to 14 years who experienced any violent discipline during the previous one month.

55%	Bangkok
45%	Central
58%	North
55%	Northeast
61%	South

Mother's education

Higher **46%** | Pre-primary or non **54%**

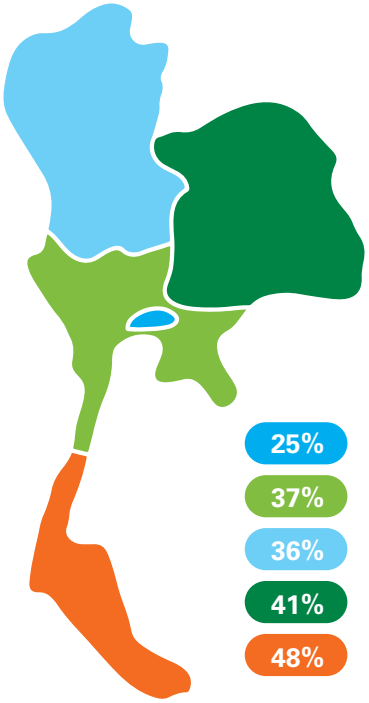
Native language of household head

Thai **53%** | Non-Thai speaking **62%**

Wealth quintile

Richest quintile **42%** | Poorest quintile **62%**

39% of parents/caretakers of children ages 1-14 years believe that physical punishment is needed to bring up, raise or educate a child properly. The rate is higher among poorer (44%) compared to the richer (32%).



What can be done?

Ensure the implementation and enforcement of laws to prevent and respond to violence against children:

- Consider violence against children as a national priority, allocate sufficient resources to implement the Child Protection Act 2003 for all children in Thailand, including migrant children.
- Prohibit the use of corporal punishment in all settings, including home and child institutions by reviewing and strengthening the 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.
- 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.
- Using social change communication methods and mass media, raise public awareness in tackling social attitudes and practices that endorse the use of physical punishment. This may include a variety of positive, non-violent discipline methods that reinforce the effectiveness non-violent parenting.
- Improve national and local management systems to better detect cases, improve 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 reduce the risk of violence against children.

2.10 Adolescent birth rate

Adolescence represents a vulnerable developmental period 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. At a time when adolescents are still learning about themselves, their gender and their sexuality, it can endanger job prospects, active participation in the society and perpetuate an intergenerational cycle of poverty. Complications from pregnancy and childbirth are the leading cause of death among adolescent girls aged 15-19 years globally.

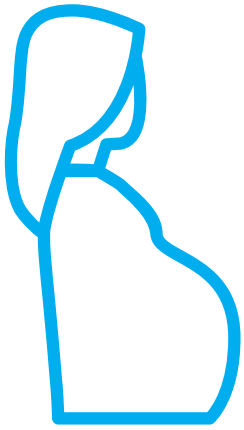
Adolescent mothers face significantly higher health risks compared with women who give birth aged 20-24 years, while their babies are at increased risk of preterm birth, low birthweight and perinatal mortality. In addition to serious health consequences for adolescent mothers and their children, the 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. Socioeconomic disadvantages, a lack of knowledge and misinformation around sexual reproductive health, 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 18 births per 1,000 women from 2012 to 2022. However, the birth rate remains high in some areas or for certain groups of the youth population (e.g. from poorest and/or non-Thai speaking families) highlighting that further policy efforts are required to leave no one behind.

Key Indicators:

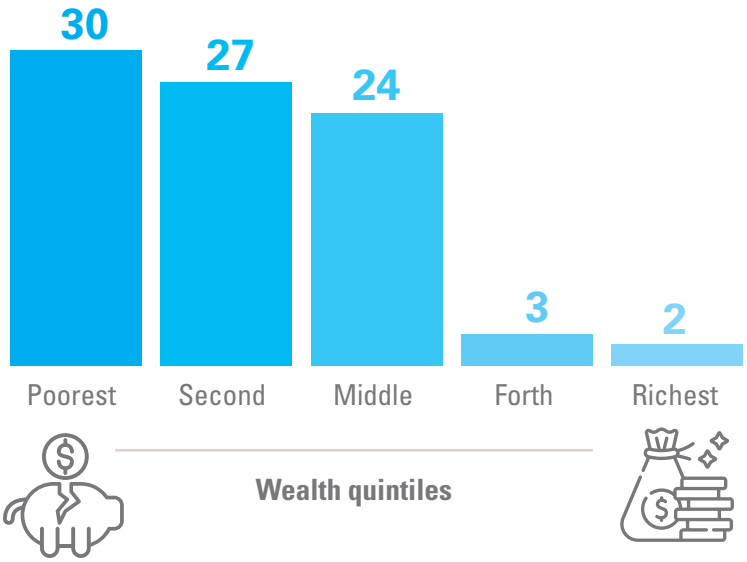
- Adolescent birth rate per 1,000 women (aged 15-19 years)[22]

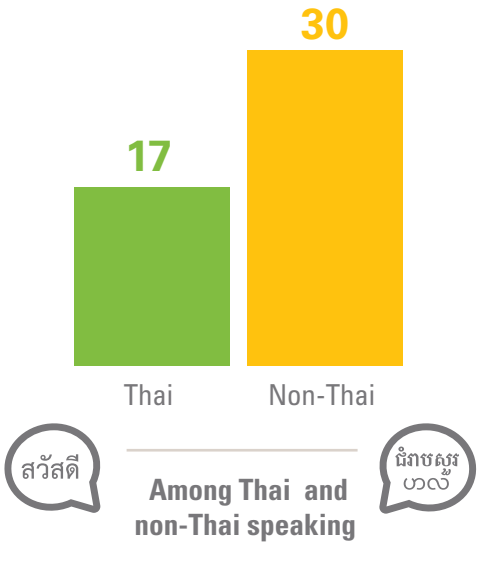
Key results:



The adolescent birth rate is 18 per 1,000 women

However, it varies across:





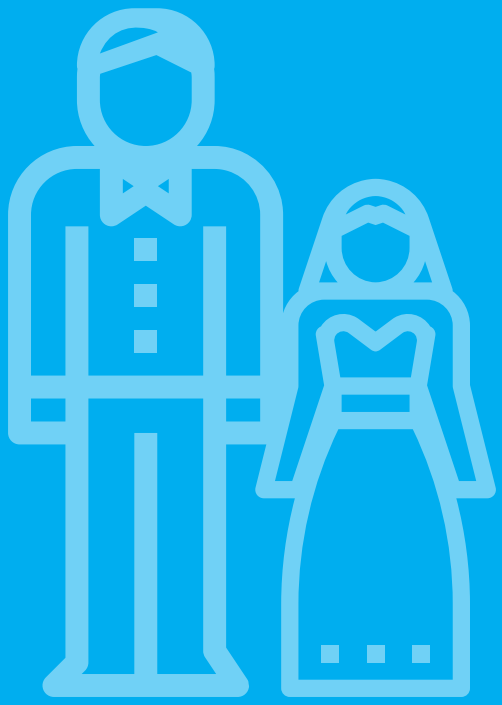
Adolescent birth rate per 1,000 women aged 15-19 years decreased from 23 to 18 between 2019 and 2022, continuing a positive development trend.

22 The age-specific fertility rates (ASFR) are the number of live births, divided by the average number of women in that age group during the same period, expressed per 1,000 women. The age-specific fertility rate for women age 15-19 years is also termed as the adolescent birth rate

What can be done?

- Address social and gender norms, including norms that support adolescent pregnancy, early union and sexual and gender-based violence.
- Strengthen community-level and school-based prevention programming, ensuring that comprehensive sexuality education (CSE) is a compulsory aspect of the school-based curriculum, is standardized across regions and is provided to adolescents in and out of school.
- Provide safe spaces and the skills and tools for boys and girls to make safe choices in a language they understand in an environment that addresses social and cultural norms with an emphasis on positive sexuality. Focus should be to strengthen the negotiating power of adolescent girls around topics such as reproductive health issues, contraceptive use and early union.
- Promote and strengthen access to youth-friendly health services, including digital ones. This includes access to contraception, consultations, HIV testing services, STI screening, and mental health counselling.
- Scale-up social protection programmes to 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.
- Provide tailored psychosocial support to pregnant adolescents and mothers to prevent repeat pregnancy.
- Strengthen pathways to adulthood through education, skills development, economic opportunities, and employment support.

2.11 Child marriage



Marriage, or early union before the age of 18 can be 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 compromises 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 stereotypes around gender roles, poverty, lack of education and economic opportunities including 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 Indicators:

- Percentage of women aged 20-24 years married, or in a union, before the age of 18.
- Percentage of women aged 20-24 years married, or in a union, before the age of 15.

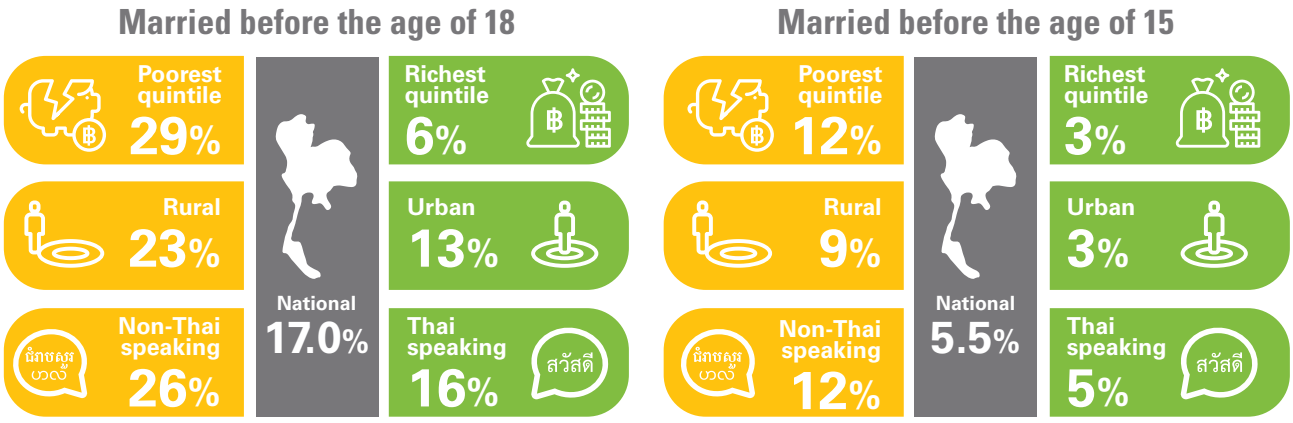
Key results:

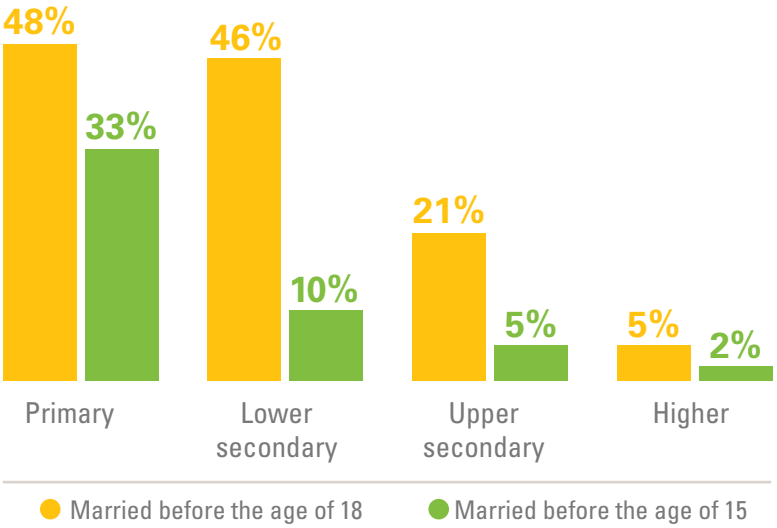
2 in 10 (17%) of young women age 20-24 years are married before the age of 18

5% married before the age of 15

Among the poorest 3 in 10 (29%) woman aged between 20-24 married before the age of 18

Inequalities





What can be done?

- To prevent child marriage and protect girls' rights, the Thai government should raise the minimum age of marriage to 18 years without exception.
- Improving girls' access to quality education and reproductive health information and services can help them remain in school, delay marriage and childbearing, and improve their health and well-being.
- Create and apply locally tailored communication strategies for behavioural change taking into consideration regional differences among population sub-groups and regions (Northeast, North and Southern Thailand) where child marriage and early union is more prevalent.
- Strengthen adolescent and young people centric sexual reproductive health services that are accessible and responsive to adolescent childbearing (a significant driver of child marriage/early union), targeting population groups and rural areas where there is a higher unmet need.
- Enhance social protection and economic opportunities for vulnerable families and children, especially girls, by providing cash transfers, scholarships, vocational training and livelihood support to reduce the economic drivers of child marriage and early union.
- Develop life-skills training programmes to empower girls from the most disadvantaged households on topics such as money, finance, nutrition, health, communication, negotiation skills and decision-making.
- 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.

2.12 Social protection

Social protection is the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities leading to poverty and deprivation. Increasing volatility at the macro and household level and changing population trends have heightened the relevance and political momentum for social protection in Thailand.

It is well established that nurturing children to their full potential is crucial for social and economic development. This is more so for Thailand as the country is facing a number of fundamental problems including an aging population, large informal sector and the "middle income trap" which are closely linked to the current deficit in human capital formation and development. The low birth rate, which is leading to a shrinking population, together with a rapidly aging population threaten to the economic development and prosperity of the country. To address this, a more productive workforce is needed. Children who grew up in poverty have less of a chance of attaining their full potential. In Thailand, poverty is closely linked with life-cycle risks. Given the current population dynamics, the window of opportunity for the country to invest in its children as its most valuable asset is fast closing. The population below 20-years-old is over-represented in the bottom 40 per cent of income distribution, the need to protect children from poverty and neglect is urgent.

Social transfers, or external economic support, are regular direct transfers to individuals or households. These can be in the form of goods or money including public work programmes. The purpose of social transfers is to protect people from shocks and help them build up assets including various social protection schemes like the state welfare card, old age allowance, child support grant, social security fund or any other types of ad-hoc support. These do not include assistance from family or neighbours.

Key Indicators:

- Percentage of household members that received social benefits in the last three months, by type of transfers and benefits.

Key results:

In 2022, 71% received social transfer, which is up from 69% in 2019.

The percentage of the poorest group that received social transfer.

North region has the highest coverage with **81%**

74% of children live in households receiving social transfers in 2022 compared with **85%** in 2019.

What can be done?

Child Support Grant

- Extend the coverage of the Child Support Grant to all children below six-years-old, transforming the Child Support Grant into a "birth right".
- Increase the grant value to reflect the actual cost of raising a child.
- Expand the benefits to pregnant women.
- Consider elevating the legislative status of the Child Support Grant to be an Act with secured annual funding.

State Welfare Card

- Make the registration available "on-demand" and simplify the process to minimize exclusion error.
- Adjust the value of transfer for each beneficiary, taking into consideration the "burden of care" and "dependency ratio" in the households.
- Revise the benefit package to better respond to the needs of the target population. Consider converting the subsidies for transportation into cash and remove restrictions on where the cash can be spent.

3

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, 365 surveys have been conducted in 120 countries (as of 2024).
- MICS is a major source of data on the Sustainable Development Goals (SDGs).
- Since 2005, five rounds of MICS have been conducted in Thailand by the National Statistical Office with support from UNICEF. 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 12 provinces, the sample sizes are increased to allow provincial-level data.
- Standard questionnaires are designed by UNICEF globally, but are customized to respond to the Thailand's data needs. Data was collected through face-to-face interviews by trained enumerators. For more information on Thailand MICS, please visit the UNICEF.

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