



Chapter I

Introduction

1.1 Background

Children who are orphaned or living away from their parents may be at increased risk of discrimination, neglect or various forms of exploitation-including harmful labor or sexual exploitation. It is important to identify OVC who are at risk, monitoring and evaluating relevant support to ensure their rights are being met. (UNICEF 2006:51)

Orphans and vulnerable children are generally refers to orphans and other groups of children who are more exposed to risks than their peers. In an operational context we can say that they are the children who are most likely to fall through the cracks of regular programs, or, using social protection terminology: OVC are groups of children that experience negative outcomes, such as the loss of their education, morbidity, and malnutrition, at higher rates than do their peers. To be protected from negative outcomes and/or allowed participation, OVC need to be given special attention to remove the barriers that stand in the way of their equal benefit with all other children. It is can be done through established services or special project and adopting strategies tailored to their needs. (World Bank, n.d.)

Orphans are children who have experienced the death of either parent or both parents. Vulnerable children include children with a parent who is chronically ill, and children having an adult aged 18-59 in the household who either died after being

chronically ill or who was chronically ill in the year prior to the survey. (UNICEF 2006:51)

A chronically ill person can not work and needs someone to attend most of the time. The household is not only to spend more expenses for treatment and care but also another one of family members (working age group= 18-59 years) has to leave work to help. This situation will put children at risk. The family will have less income. Low income is associated with health and nutrition status of children.

In Thailand, of children aged 0-17 years, 63.0 percent are living with both parents; 19.3 percent are not living with a parent; 4.7 percent are orphaned, with one or both parents dead. In addition, 11.5 percent of children are living with only their mother while their father is still alive. Children living with neither parent, while both are alive, account for 17.5 percent. Younger children, aged 5-9 years, are not living with parents the most (21.3 percent), followed by 0-4 year old children (19.6 percent) and 10-14 years (18.6 percent). (UNICEF 2006:51)

UNICEF Thailand MICS 2005-2006 final report page xvi indicates that 7.1 percent of children aged between 0-17 years in Thailand are considered OVC. If disaggregated by region, the North has the OVC prevalence as 9.2 percent. This is mainly due to HIV/AIDS epidemic (infected and affected cases).

The type of support that OVC have received is various.

It has been divided into 5 types, namely

-medical;

-emotional/psychological;

-material;

-social;

-educational.

This research select Northern Thailand to study, intends to find out association between various independent variables and education and health status that OVC have developed. Supporting OVC needs steady effort at government level as well as family and community level. The research results will provide useful information for policy makers to develop better social welfare mechanism for OVC. Families and communities which have OVC may also benefit from this research by receiving new knowledge.

1.2 State of Problem

In Thailand, among families that have taken in OVC, 78.6 percent of these families received no support at all. Children whose families receive any support (medical, emotional and psychological, material, social or educational) account for 21.4 percent. The percentage of OVC whose households have received all five types of support is only 0.1 percent. (UNICEF 2006:61)

OVC in resource limited countries have poor health and nutrition, and have less access to health care (Levine 2001:11); do badly at school or drop out of school; have poor educational, vocational training and employment opportunities; (Tania & Kate n.d:2) begin work early and work in dangerous or hazardous conditions; (Betcherman et al. 2004:3) lose their rights to family property and land; experience stigma, discrimination and social exclusion.

In industrialized countries, OVC face the similar situation. They are exposure for becoming street children and exploitation; have a lower chance of completing basic and secondary education; engage in high risk behavior such as drug

addiction, unsafe sex, and are likely to be sexually abused in and out of their family. (Tiaji 2005:10)

Child welfare services are designed to ensure the safety of children. As such, they span a broad range of activities, including supporting and preserving families, investigating reports of abuse or neglect, protecting victimized children, and assisting children temporarily or permanently removed from their parents' homes. Primary responsibility for delivering child welfare services rests with the states or local governments. (Rob et al:6)

Strong social welfare scheme; effective service delivery system and appropriate resource allocation may provide vital support to OVC. Perception and clarification of various factors that may influence type of support are definitely deserved to study.

1.3 Objective of Study

The research objective is to find out the characteristics and impact of support to OVC in Northern Thailand and the association between independent variables and OVC's educational and health status.

1.4 Hypothesis

Ho: There is no association between independent variables and OVC's educational and health status.

Ha: There is association between independent variables and OVC's educational and health status.

1.5 Expected Benefit

OVC are more threatened by health, educational and social problems. The research findings will provide useful information for policy makers so that they can strengthen existing service delivery and develop/improve appropriate social welfare policy, legislation and regulation; and allocate resource to provide support to OVC. The research results will shed light on OVC on other parts of Thailand and countries with similar social and economic background. It will also arise questions or issues to be investigated by further studies in the rest of Thailand or similar countries.

1.6 Limitation

The research results are only valid for Northern Thailand and the finding cannot be extended to the rest of the country.

1.7 Conceptual Framework

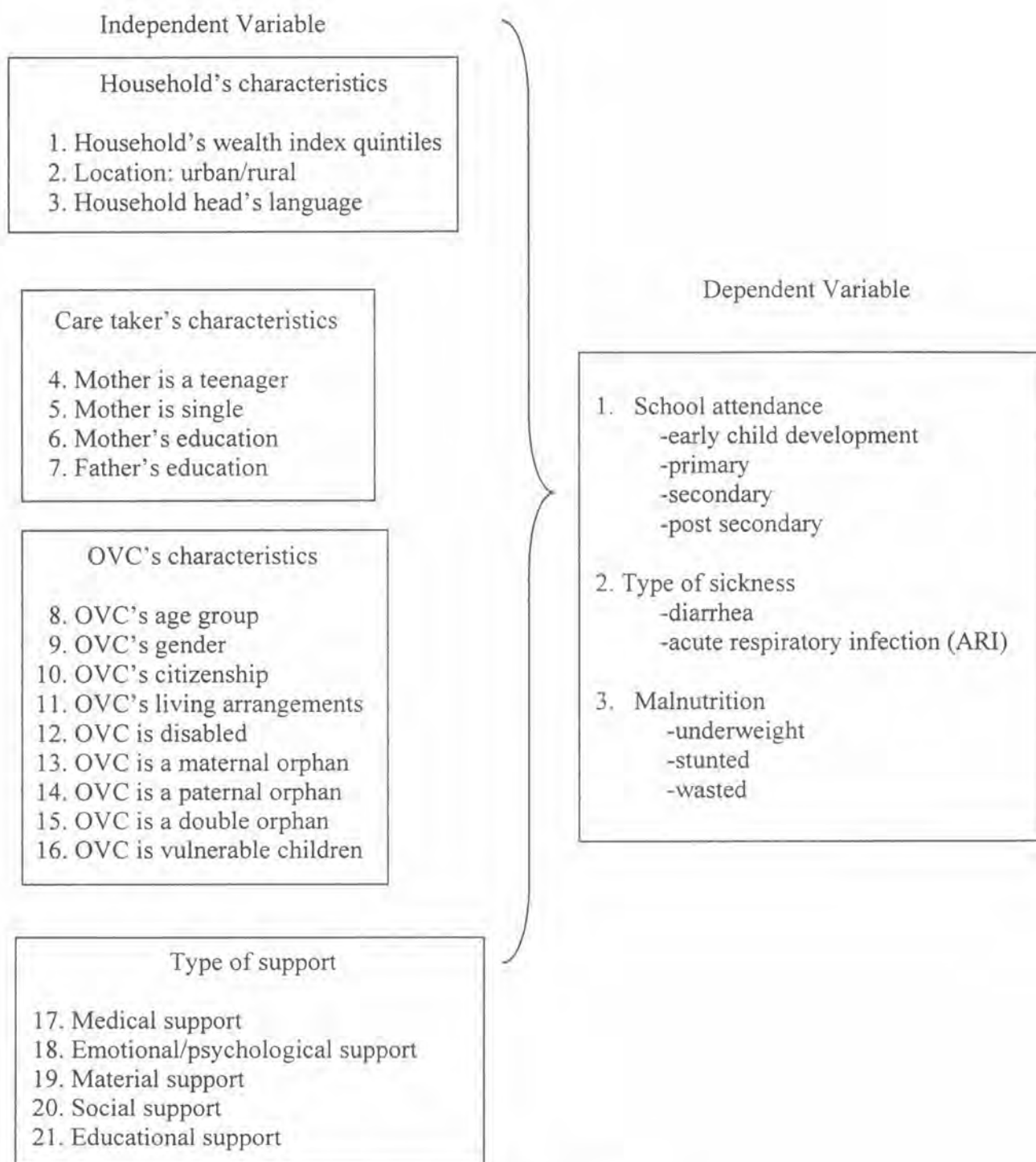


Figure 1.1: Conceptual Framework

1.8 Operational Definition

Orphans

Children who have experienced the death of either parent (single orphaned) or both parents (double orphaned).

(UNICEF 2006:51)

Vulnerable children

Children without the guidance and protection of their primary caregivers. In this research, it refers to 1) children under age 18 that have a chronically ill parent 2) children under age 18 that live in a household where a adult aged 18-59 years has died in the past year 3) children under age 18 that live in a household where an adult aged 18-59 years has been chronically ill in the past year (UNICEF 2006:A46)

MICS Wealth Index

It is an attempt to measure the socio-economic status of households. Important indicators for the measurement of such status are

- Ownership of certain types of household assets such as refrigerator, television, car, truck, bicycle, motorcycle, and so on.
- Materials used in household construction such as wood, bricks, rocks, cement, and so on.
- Having electricity in the household
- Access to drinking water and water for general usage
- Improved sanitation facilities

Wealth Index is explained in quintiles and classified into five income groups

first wealth index quintiles (poorest)

second wealth index quintiles

third wealth index quintiles

fourth wealth index quintiles

fifth wealth index quintiles (richest)

Wealth index quintiles are calculated by a statistical method called Analysis of Principal Factors, where households are grouped together in continuum of comparative wealth. The values are particularly valuable for countries lack of reliable data on incomes and expenses, which were formerly used for measurement of wealth.

Wealth index quintiles can be used to analyze the economic inequality in accessibility to important health services and outcomes, such as childhood illness and fatality.. In addition, the wealth index quintiles can enable the government to assess whether the poor population group of the country has access to national programs- public health services, immunization campaign, measures on education, and other important programs.

Wealth index quintiles help in the analysis of multi-variable data from population and health survey to be more comprehensive and able to identify the extent of impact of household's economic status on health outcomes.

Caution: The Thailand MICS wealth index quintiles can be used to compare only among other countries' MICS results and not with any other survey's. The reason is they were created for study of MICS data only. (UNICEF 2006:A5)

Age

Age in years as of the individual's last birthday before the interview. (UNICEF 2006:

A1)

Children's age are divided into four groups as below:

- 0 to 4 years
- 5 to 9 years
- 10 to 14 years
- 15 to 17 years (UNICEF 2006:59)

Citizenship

- Thai
- Non Thai (hill tribe/minority groups)
- Other (specify)
- No citizenship (UNICEF 2006:A50)

Location

- Town: municipal areas of each province
- Rural: any areas except municipal areas of each province (UNICEF 2006:11)

Education

Learning taken place in formal education system at all levels-preschool, primary, lower secondary, and upper secondary; academic and vocational. These educational facilities are managed by either the government or private sector.

Upon finishing the program, graduates of formal education receive certificates or diplomas, which they can use in application for further study at any relevant higher level provided in the system. Formal education excludes short term vocational training program, such as hair-dressing, dress making, driving, radio repairing, typing and so on, which do not involve learning of any academic subjects. (UNICEF 2006:A1)

Child disability

Children aged 2-9 years with at least one of nine reported disabilities:

- Delay in sitting, standing or walking
- Difficulty seeing, either in the daytime or at night
- Appears to have difficulty hearing
- Difficulty in understanding instructions
- Difficulty walking or moving arms or has weakness or stiffness of limbs
- Has fits, becomes rigid, loses consciousness
- Does not learn to do things like other children his/her age
- Cannot speak or cannot be understood in words
- Appears mentally backward, dull or slow (UNICEF 2006:A46)

Provincial OVC prevalence rate

Number of OVC multiply total number of children under age 18 surveyed in that province.

(UNICEF 2006:A45-46)

School attendance

An indicator states the proportion of children who was currently attending school during

the school year at the time of the survey. (D'Souza 2008:7)

Support for household with OVC:

- Medical support

Support related to medical care, supplies or medicine

- Emotional/psychological support

Support related to companionship, counseling or spiritual issues

- Material support

Support related to clothing, food or finance,

- Social support

Support related to helping in household work, training for a caregiver or legal services

- Educational support

Support related to allowance, free admission, books/supplies (UNICEF 2006: A54)

OVC's living arrangements

OVC aged 0-17 years living/not living with a biological parent (UNICEF 2006, p. A46)

MICS

MICS was developed to collect data on situations of all children in a given country to be used as tools in monitoring and evaluation of child development. MICS was first conducted in Thailand in December 2005 to February 2006. It was carried out by Thailand National Statistical Office in collaboration with the Ministry of Social Development & Human Security, the Ministry of Education and the Ministry of Public Health.

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