POLICY ENVIRONMENT FOR ADOLESCENT HEALTH IN THAILAND

Of the 66.18 million people living in Thailand, approximately 8 million are adolescents aged 10–19 years and approximately 8.5 million are youth aged 15-24. This accounts for almost 12% of total population. As Thailand is an upper-middle-income country that is ageing, investing in young people has become a critical prerequisite for sustainable development.

Risks to adolescents health

Adolescence Pregnancy

- The adolescent birth rate, at 51.2 per 1000 females aged 15 to 19 years in 2017, is high, and 12.8% of adolescent mothers aged 15–19 years had a repeat birth. About 40% of women who sought to terminate a pregnancy in 2011 were students; 29% were younger than 20 years, and 60.5% were younger than 25.
- Repeat births in adolescents are also a concern, suggesting a lack of adequate postpartum counselling.

Sexual an Reproductive Health

- Overall, 18.6% of the students reported that they had experienced sexual intercourse. Of these, 23.7% were male and 14.2% female; 40% of them had had their first experience before the age of 14, and 63% had used a condom during their last sexual intercourse.
- 70% of all STIs occur among young people aged 15–24 years. Despite a gradual drop in overall HIV prevalence over the past two decades, new infections are rising among young people engaging in high-risk behaviours, such as commercial sex work, injecting drugs and unprotected sex between men. From 2010 to 2014, STIs increased from 80.8 to 103.4 cases per 100 000 population of the age group 15–24 years.

Physical activity

- Overall, 17.1% of the students were overweight – 22% male and 12.9% female. 5.8% of the students were obese, male (8.9%) female (3.2%). 56.1% of the students consumed carbonated soft drinks on a regular basis and 54.7% consumed fast foods regularly.

Accidental Deaths

- Mortality from fatal injuries in adolescent boys was 1% and for girls was 0.4%.
- Road traffic injury is one of the major causes of adolescent morbidity and mortality, with more than 460,000 adolescents and youth aged 10-24 injured each year. Of all road traffic deaths recorded in 2013, 14.9% involved adolescents risk behaviours including not wearing helmets and drink–driving.

Mental Health Issues

- Overall, 9.7% of students reported feeling lonely most of the time or always; 10.7% of boys and 8.9% of girls, or 12.2% of the students on the whole, had seriously contemplated suicide. While 13.8% had planned to attempt suicide, 13% had attempted suicide one or more times.

Tobacco an other Substance Use

- Overall, 10.4% students (17.2% male and 4.4% female) smoked. 41.6% of them reported that people smoked in their presence, and 31.8% had parents who used tobacco.
- Overall, 22.2% of students, 27% male and 17.9% female, reported that they drank alcohol. The prevalence of drinking among Thai youth increased by 15.1% within past eight years. This corresponded to around 2.5 million people, with 38.7% of them frequent drinkers and around 10% new drinkers.
- Among the students who had tried drugs, 73.5% reported having first used drugs before the age of 14 years.

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National Policies and Programs

The 2007 Constitution of Thailand guarantees every Thai person's rights and equality based on the principle of non - discrimination. Under Article 80 of the Constitution, the state must take appropriate actions to ensure protection and development of children and youth, basic education, gender equality, integrity of family institution and community, and welfare assistance to the elderly, the deprived and disabled, as well as those in difficult circumstances to enable them to help themselves and improve their lives.

Children and Youth Development Act 2007

Responsibility for formulating and coordinating youth policy lies within the Department of Children and Youth (DCY) within the Ministry of Social Development and Human Security. The act seeks to strengthen institutions addressing the challenges to children's and adolescent's development.

Based on the 2007 Child and Youth Development Promotion Act, the National Child and Youth Development Plan 2012–2016 was developed under the leadership of the Ministry of Social Development and Human Security. The Plan is meant to integrate and consolidate efforts for children and adolescents at all levels.

Under the Act

- Establishment of national and local mechanisms to promote the participation of children and young people at all levels.

The National Commission on the Promotion of Child and Youth Development (NCPCYD), headed by the Prime Minister, is the highest authority on child and youth development issues and guides the implementation of the NCYDP.

Overlapping and Varied Definitions

The definitions of 'child', 'adolescent' and 'youth' vary greatly from agency to agency in Thailand.

- The National Child and Youth Development Promotion Act 2007 defines a child as a person younger than 18 years and youth as a person aged between 18 and 25 years.

- The Act of Juvenile and Family Court and Procedure or Juvenile and Family Cases 2010 specifies that child means a person who is not yet exceeding 15 years in age and young person means a person who is between 15 and 18 years of age.

- The Ministry of Public Health has a more overlapping definitional approach, using child to describe people aged 0–18, adolescents as people aged 10–19 and youth as people aged 15–25.

Social Group of Adolescents Migrants

- Evidence from the 1990s indicated that adolescents then were extremely mobile, migrating to both rural and urban destinations for work and school reasons. One interesting aspect of this mobility was the frequent and circular movement of Thai adolescents between rural and urban settings.

- At that time, adolescents aged 15–19 years represented the largest proportion of rural – urban migrants. They migrated independently or with their families and, in many cases, confronted difficult life choices with employment, education and health. This migration took the form of frequent moves between the home and various destinations.

Access to Health Benefits/Information

Adolescents Health Package Services

The top three services accessed by young people were related to antenatal care (ANC), substance use, and mental health.

- When disaggregated by gender,the top five YFHS utilised services among male adolescents were: substance use, health checkups, condom advice or supplies, ANC (with spouse), and those related to STDs.

- Among females, ANC issues were the most common reason to access YFHS, followed by health check-ups, contraception (implantation), mental health and family planning.

Participation of Adolescents

Adolescent participation at the community level has been promoted in the form of Child and Youth Councils.

- The Department of Children and Youth (DCY) started setting up Child and Youth Councils at the district and provincial levels in 2008.

- The budget for the establishment and maintenance of the Child and Youth Councils is allocated through the DCY.

Adolescent Vocational Training

The Office of the Vocational Education Commission (OVEC) under the Ministry of Education oversees vocational education and professional training in 426 public schools and 484 private schools74 across the country. Education and training is structured along three levels: the vocational certificate, the higher vocational certificate and the bachelor's degree.

Implementational capacity

Gaps in Program Implementation

- While different groups of adolescents had different perceptions about YFHS, lack of access to information regarding health services was a common factor. According to the assessment, in-school adolescents, migrant adolescents and adolescent mothers were less likely to be aware of YFHS.

- Current Programs do not specify in clear terms the roles of parents, community and service providers in the use of health services.

- Training - more than half (52 per cent) of health managers did not conduct any training on data collection, data analysis, and the use of information for service improvement.

- Data Collection - The information systems, data recording and data management to be areas of weakness. Not all hospitals had information protection management systems, and not all service providers felt confident regarding the use of the IMS software adopted by health units.

- There was seen lack of adolescent participation, coupled with the adolescent health literacy gap. Programmes and activities have been designed for them, but they have never been invited to be involved in these activities

- Budget Alloted - The current budget is insufficient to support all planned activities and lacks independent financial management. To apply for government funds, councils need to solicit approval from the district, provincial or national level. This has led several councils engage in their own fundraising activities.

- Obstacles while seeking services - Long waiting times, Inconvenient operating hours, Fear of parents finding out about YFHS utilization.

Barriers to Youth Programs

Weak institutional coordination: Thailand is currently operating under an interim Constitution that was drafted without public consultation; collaborative planning, budgeting and joint results between and within ministries are limited and prevent cohesive administrative efforts from ensuring consistent implementation and enforcement of policies. Roles and responsibilities within the Government are not clear.

Insufficient resources (both funds and capacities): The Department of Children and Youth is responsible for formulating and coordinating youth policy across government ministries and agencies. The Department is underfunded and lacks the authority to efficiently coordinate. It operates within a complex institutional framework, which makes it essentially ineffectual, at least when compared with more powerful ministries and agencies.

Tokenistic and unequitable youth participation opportunities due to social norms that consider adolescents as immature: Even though Thailand has established structures for youth civic engagement at the national, provincial and district levels, children and youth participation is underfunded, tokenistic and elitist. The most influential youth leaders are overwhelmingly male and in the upper range of the age spectrum. Youth council members are not involved in planning and decision-making. Younger children, out-of-school youth and women are marginalized and do not have opportunities to participate. Intergenerational power differentials pose yet another challenge to youth involvement.

Societal Judgements: In a 2013 study, some 78% of young women aged 15–24 knew where to test for HIV but only 29% had been tested. Since then the clinical guidelines for HIV testing and counselling in young people have been successfully changed so that persons younger than 18 no longer need parental consent for HIV testing, there has been little uptake of testing and counselling services by younger adolescents. Many adolescents may be interested in testing, but some remain concerned that their results will be reported to their parents. Others are concerned about the judgemental attitudes of service providers towards underage sex. Adolescents do not want to visit facilities in which staff will lecture them on socially accepted behaviours. Service providers, on the other hand, are concerned about following guidelines that are not supported by law. If parental consent is not obtained, they fear they run the risk that the parents might litigate. Yet other service providers may be unaware of the change in guidelines.

Need for Integrated Data: There exists lack of data collected in a format that might be disaggregated by age, sex and other variables, such as immigration status, ethnicity, geographic location and education. Different age categories and definitions (child, adolescent, young person, youth) overlap, causing disjointed data systems. The situation calls for alignment of definitions, data and indicators in routine data collection systems.

Other partnerships and programs

There are many NGOs including the Thai Health Promotion Foundation, as well as UN agencies such as WHO, UNESCO, UNICEF and UNFPA, having mandates to promote school health. These organizations work in partnership with the government, mainly the Ministry of Public Health, Ministry of Social Development and Human Security, and the Ministry of the Interior.
Civil society organizations also seek opportunities to develop alternative mechanisms for child and youth participation.

- The Action Plan of 2017 under the Thai Health Promotion Foundation (THPF) comprises 15 programmes, with two of them related to adolescent health and participation. Thai Health Promotion Foundation has secured funding of US$ 120 million annually, therefore it is important that it has a strategy to promote child and youth participation.

- In addition to the National Youth Council, grass-roots youth groups include the Education for the Liberation of Siam, which is an organization run by high school students who advocate for reform of the Thai education system.

- Another grass-roots group is the Young Citizen Reporter, which focuses on environmental issues. The private sector is also supporting youth to speak out, such as the Dtac Youth Forum.

In addition, national campaigns to support physical activity were recently launched with support from members of the Royal family.

Project Princess Ubolratana "To be Number One" Project, Thailand - A campaign project on solving drug problems and drug prevention. It was initiated as a Princess project and therefore has the highest political endorsement. There is a huge membership for the campaign. The clubs carry out creative activities, e.g. music, art and sports, and they establish friends corners, change suffering, create happiness, solve problem and develop EQ. The project aims to further meet the needs of teenagers, provide morale and support from people with knowledge and counselling skills in the similar/same age group.

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Multi-sectoral approach

Multiple laws drafted to protect the liberties and rights of children and adolescents were enacted in 2007 and 2008 among them: the National Child and Youth Development Promotion Act 2007, the Domestic Violence Victim Protection Act 2007, the Anti-Trafficking in Persons Act 2008, the Labour Protection Act 2008, the Employment of Aliens Act, 2008, the Civil Registration Act 2008, the Nationality Act 2008, the Persons with Disabilities Empowerment Act 2007, the Persons with Disabilities Education Act, 2008, the Child Adoption Act (No. 3) 2010 and the Juvenile Family Court and its Procedure Act 2010.

Accidental Deaths - The Road Safety Directing Centre was established by the Thai cabinet in 2003 as the national centre for road traffic injury prevention. Road safety is part of the national policy agenda, but its implementation is hardly enforced.

Tobacco Use - Reducing smoking among adolescents has become the focus of health policies in Thailand. The prevalence of smoking in adolescent aged 15–19 was a key performance indicator for the Ministry of Public Health (MOPH) in 2014–2015. The new Tobacco Products Control Act aims to prevent new smokers and reduce smoking among adolescents and is in the process of getting approval from the cabinet. Upon approval, the minimum age to buy cigarettes in Thailand will be raised from 18 to 20 years, and promotional activities and sponsorship of tobacco products will be restricted.142

Sexual Reproductive Health and Education

- Sexuality education (or sex education) began in Thailand in 1978. Sexuality education content was integrated into the basic education curriculum by the Office of the Vocational Education Commission in 2004 and the Office of the Basic Education Commission in 2008.

- Among the various health and social concerns, adolescent pregnancy is currently the most prominent in Thai society. Recognition of this issue led to the enactment of the Teenage Pregnancy Prevention and Alleviation Act in 2016, which mandates the provision of sexuality education in educational institutions.

- The first National Policy and Strategic Plan on Reproductive Health (2010–2014) was approved in September 2010. The goal of the plan was to increase the quality and availability of sexual and reproductive services for most-at-risk adolescents in government hospitals. Efforts have been made to build the capacity of service providers, under the banner of 'bright and healthy adolescent'.

- Service providers are trained to be friendlier to adolescent clients, to encourage them to use condoms and birth control methods, to provide health care for the children of adolescent mothers and to follow up on pregnant adolescents and the delivery of their babies at provincial and national levels.

Sources/Links

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https://www.unicef.org/thailand/media/1021/file/A%20Situation%20Analysis%20of%20Adolescents%20in%20Thailand%202015-2016.pdf