Chapter V

Summary, Discussion and Recommendation

5.1 Demographic characteristics

If look at only orphans in six northern provinces, paternal orphans have the proportion of 65%. This is similar to a previous study by JLICA in southern Africa. (JLICA 2008:38) Higher paternal than maternal orphanhood prevalence is not an HIV-specific phenomenon. Fathers are on average older than mothers, and young adult men have higher non-AIDS age-specific mortality rates than young adult women (Hosegood, Vanneste & Timaeus, 2004).

In the six northern provinces there are 4.3% of the children aged 15-17 years vulnerable, compared to national rate of 3.2%. Nationwide HIV prevalence rate in 1995 is 2.2% and in 2005 is 1.5% (WHO 2008:4). The northern region has so far borne the brunt of Thailand's AIDS epidemic. Chiang Rai Province, known as one of the most beautiful regions in the country, is among the hardest hit. Its 1.25 million residents constitute just 2% of the country's population but account for 10% of its AIDS cases. (UNICEF 2008) Therefore, it can be argued that in the six northern provinces there are more accumulated number of adults sick due to AIDS, so the rate of vulnerable children in 15-17 age group is higher in than the nationwide one.

5.2 Social characteristics

Language is one of the most important tools for social communication and is much related to children's vulnerability. In the surveyed provinces, orphans are double represented among the non-Thai speakers (19.2%) compared to the nationwide non-Thai speakers orphans (10%). Minorities and hill tribes who do not speak Thai have lower life expectancy (64 years compared to 72 years of Thai), poorer health conditions, more drug addiction and endemic diseases. (IDRC 2008) In northern Thailand, HIV/AIDS prevalence varies from 5%-8.75% depends on the different ethnic group. (Beyrer 1996)

The living arrangements within a household may also have an important impact on a child's well-being. For instance, parents may be more likely to invest in children than more distant relatives or non-relatives. Living arrangements can be examined on two levels: 1) whether the child lives with at least one parent, and 2) how the child is related to the head of household. (D'Souza 2008:5)

In the six northern provinces surveyed, 51.7% of maternal orphans are taken care by their fathers. The gap is even wider in South Africa, only 27% of all maternal orphans are living with their fathers. (Meintjes & Giese 2006:409) More paternal orphans in six northern provinces are living with their mothers (72.6%) and so does the case in South Africa. (59%)

5.3 Care-givers' characteristics

In six northern provinces, paternal orphans have higher school attendance rate than maternal orphans in all age groups, especially in 0-4 years group. Receiving a pre-school education in an organized learning or child education program is important for preparing children to go to school. One of the A World Fit for Children goals is the promotion of early childhood education. (UNICEF 2006:41) In six northern provinces, 62% of paternal orphans receive early child development while only 49.6% of maternal orphans do so. This reflected that mothers are generally taking better good care of children than fathers and other care givers. Therefore, training program should be promoted to improve skills and attitudes of fathers to take the responsibility of raising their children.

Furthermore, differences in regard to socioeconomic status of the households are found. Only less than 50% of vulnerable children attend early child development program before entering into primary school. It can be assumed that less family income and other material resources have greatly decrease vulnerable children's opportunity of receiving early childhood education.

For parents' socio-demographic characteristics, Figure 4 shows that the majority of OVC's parents have only primary education. Parents' education makes a big difference in children's vulnerability. It is crucial to focus interventions among this group of parents to provide them with a higher level of education in particular sex education so that they can look after the

nutritional, developmental and psychological needs of their children more effectively.

In Thai society, children who lose their biological parents are usually cared for by their relatives or extended family members. (Sanmaneechai et al. 2005:6) It is quite fortunate that the orphaned children received substitute care and support from their extended families. (Isaranurug 2009:141) Table 4.13 shows that in six northern provinces, about 53% of single orphans live with their parents. A study by Faculty of Medicine, Chiang Mai University showed that pre-school children who live with their parents have a significant higher achievement in cognitive functioning than children living with other relatives. This deficiency may stem from insufficient time spent with the children by caregivers who are not the parents. (Sanmaneechai et al. 2005:6) At present, in Thailand, there is still no public policy or any large scale intervention that address the multiple needs of HIV affected children. These needs include medical (medicines, hospital follow up), emotional/psychological (counseling, dealing with stress and stigma), material (clothing, food, cash), social (help in household work, legal services) and educational (allowances, supplies). (UNICEF 2006:61)

Therefore, the follow up of HIV affected children is essential in order to identify their needs early and provide adequate interventions as exemplified in the cognitive delays found among children from families with low income and caregivers who are not the biological parents.

5.4 Educational characteristics

Only about 50% of all OVC attend early child development program. However, almost all the OVC go to school during age 5-14 years. The school attendance rate drops in age group 15-17 years (68.7%).

Statistical analysis shows that OVC who stay in a richer family and with a mother of more education are more likely to attend early child development program. On the contrary, those who have a teenager mother are less likely to attend early child development program.

For the secondary school attendance, statistical analysis shows that OVC who have a mother of more education, have Thai citizenship and receive more support are more likely to attend secondary school.

Statistical analysis also shows that OVC who stay in a richer family, with a mother of more education, have Thai citizenship and support are more likely to attend post secondary school. Household wealth is strongly significant in two associations, which supports the prevailing notion that children from poorer households are less likely to attend school.

After consolidating four levels of school attendance into one dependent variable, household wealth index quintile and mother being a teenager which linked to early child development program attendance and post secondary school attendance lost their significance. All other significant association were maintained in the consolidated dependent variable. (Table 4.36-4.39)

5.5 Economic characteristics

OVC have the lowest percentage in the poorest group and relatively higher percentage of all OVC in the richer group. An unexpected finding is that double orphans are highly represented in richer families in the northern provinces and nationwide. One of the reasons could be explained is that there are slightly more double orphans live in urban area than other OVC. (70.8% VS 75.1% in six northern provinces 72.7% VS 75.9% nationwide).

Nationwide household wealth distribution shares the similar situation with the northern provinces. Double orphans have the smallest share in the richest household quintile. Vulnerable children have the highest share in the poorer household quintile.

5.6 Health characteristics

When talking about disability among OVC aged 2-9 years, Table 4.16 shows noticeable difference between six northern provinces and nationwide. The disability rate is much lower in six northern provinces than nationwide (9.3% VS 16.6%).

Looking at diseases of OVC under 5 years, Table 4.18 indicates that more OVC have diarrhea than ARI in six northern provinces (8.4% VS 4.7%) and nationwide (8.7% VS 4.5%). 2006 Uganda Demographic and Health Survey also find that diarrhea is more common than ARI among children under age 5. (UBOS 2006:12) However, the study in Zimbabwe suggested that OVC were more likely than non-OVC to suffer from these two diseases. (Watts 2007:584) Many studies have reported the results of

interventions to reduce diarrhea through improvements in drinking water, sanitation facilities, and hygiene practices in less developed countries. (Fewtrell et al. 2005:42) It is recommended that educational intervention should be promoted to improve risk behaviors like: lacking of hand washing before preparing food, opening defecation by children in the family compound, and inattention to proper disposal of garbage and feces which increasing the opportunity for young children to place waste products in their mouth.

According to WHO, (WHO 2009:1) about 20% of all deaths in children under 5 years are due to ARI. Low birth weight, malnourished and non-breastfed children and those living in overcrowded conditions are at higher risk of getting ARI. These children are also at a higher risk of death from the disease. As a result, avoiding severe malnutrition and be away from environmental air pollution are effective ways to decrease the risk of having ARI.

Table 4.19 shows the distribution of malnutrition for OVC age under 5 years. Chronic malnutrition leads to stunting. Frequent illness leads to weight loss and being potentially underweight. (Isaranurug 2009:142) Overall speaking, for all OVC, six northern provinces have almost the same percentage as nationwide except 1% more in wasted category. Six northern provinces have slightly higher percentage in underweight and stunted categories and lower in wasted category.

Statistical analysis shows that OVC who have a teenager mother, being disabled are more likely to be underweight. On the contrary, OVC who receive support (including food) are less likely to be underweight.

Statistical analysis shows that OVC who are disabled are more likely to be stunted and wasted.

It is argued that undernourished children are more likely to have impaired immune system, poorer cognitive development, lower productivity as adults, and greater susceptibility to diet-related chronic disease such as hypertension and coronary heart disease later in life. Undernourished female preschoolers are likely to grow into undernourished young women who are more likely to give birth to babies who are undernourished even before they are born, thus perpetuating the intergenerational transmission of deprivation. (Lisa et al. 2000:ix)

Disability among OVC is strongly significant in all three associations with malnutrition. Therefore, it is suggested that more medical and material support are to be provided to OVC, especially OVC with disability, to decrease the possibility of developing malnutrition and all its consequences.

OVC are in greater need of support than non-OVC. From Table 4.17, it can be summarized that OVC in six northern provinces have received more support than nationwide, especially for medical and educational support. But the percentage of OVC who receive all types of support is still very low (0.2%) From the statistical analysis above, it is already known that OVC who receive support are less likely to develop malnutrition and to drop out of the school. It is predicted that both physical and mental well-being are

positive factors that can help OVC grow up healthy. Therefore, it is suggested that public policy in Thailand may attach more importance of external support to OVC, especially educational and material support.

OVC are more threatened by health, educational and many other social problems. Policy makers have the major responsibility to strengthen existing service delivery and develop/improve appropriate social welfare policy, legislation and regulation; and allocate resource to provide support to OVC. Further study is encouraged to focus on other parts of the country in order to present the whole picture of OVC in Thailand.