

Thailand's Country Report
on
The Impact of HIV/AIDS on Education

Submitted by

Dr. Athipat Cleesuntorn

Director of the Policy and Planning Bureau
Office of the Permanent Secretary
Ministry of Education

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1. HIV/AIDS Current Situation and Trends in Thailand:

Since the Thai first AIDS case was reported in 1984, the Ministry of Public Health, which at that time was the only responsible agency, has been trying to put all of its efforts and resources to prevent the spread of this epidemic. Extensive testing has been conducted in groups of high risk behaviour such as male and female commercial sex workers, and drug users. Various programmes, including public education campaign, to help control and prevent this fatal disease have been launched. However, the number of AIDS infected people kept on increasing and this epidemic has also affected the originally considered low risk groups, namely housewives and their infants, health workers, public sector employees and teachers. From 1984 - August 31, 2000, there were 151,322 AIDS infected patients and 41,723 HIV/AIDS related deaths. Out of 151,322 AIDS infected patients, 117,014 were male and 34,308 female and most of them were working-age group people between 20 - 39 years old. In the year 1999, it was reported that there were 21,809 AIDS infected patients, and 5,691 HIV/AIDS related deaths. The HIV/AIDS infection, which used to be found only in the upper north of Thailand, has now become widespread in every part of the country.

From the HIV/AIDS situation report of the Epidemiology Division of the Public Health Ministry, it was evident that the trends of the HIV/AIDS infections have been declining. The prevalence rates were 34.91 per 100,000 in 1995 and 29.84 per 100,000 in 1999. There were wide variations among provinces ranging from 1.23 to 158.2 in 1999. The increasing proportions among women were 6.57:1 in 1992 and 3.61 in 1999. The percentage of pregnant women with HIV was 1 % in 1992, 2.29 % in 1995 and 1.7 % in 1999 respectively.

After many AIDS campaigns under the National Plan for Prevention and Control of AIDS, the new HIV infections in certain groups considered to be at high risk have been diminished considerably. However, the spread of the infection among low risk women has shown an upward trend. As a consequence, Thai children have been at risk from this epidemic, both directly and indirectly. The direct effects are children being born infected with HIV every year. Moreover, many of these children who lost their parents to this disease became orphans and burdens of the society. Some HIV infected parents became unemployed and faced the discrimination from society and these problems resulted to the quality of life of both parents and children.

2. The Concept and Approaches in the Prevention and Alleviation of the AIDS Problem:

The concept and approaches in the prevention and alleviation of the AIDS problem in Thailand have been adapted to the changing conditions of the epidemic and socioeconomic and cultural changes. The new development concept focussing on individuals and their environment and a holistic-oriented approach have been introduced into practice. The active involvement from every party concerned, i.g. government, non-government organizations, private sector, communities, families, individuals including people with HIV/AIDS, has been encouraged to help prevent and control this epidemic.

In accordance with the aforementioned concept and approaches, the National Aids Committee chaired by the Prime Minister has launched the National Plan for the Prevention and Alleviation of HIV/AIDS (1997-2001). Strategic and operation plans have been prepared and implemented on a holistic basis.

3. Some of the Thai Experiences in HIV/AIDS Prevention and Control:

From the outset of HIV/AIDS epidemic, Thailand has experienced many lessons from the attempts in preventing and alleviating this problem.

- 3.1 Early recognition of the problem as the national issue;
- 3.2 Multi-Sectoral and Multi-Disciplinary strategy to raise awareness;

- 3.3 Using education, extension services, mass media, community-based approaches;
- 3.4 Coordination by a National Level Commission chaired by the Prime Minister;
- 3.5 Formation of extensive networks to reach every community by government, non-government organizations, religious and community organizations, media, business sectors and AIDS/HIV patients network;
- 3.6 Special budget allocation package to HIV/AIDS prevention activities. By 1993, 90% of Thai population knew about AIDS. However, risk behaviours remain unchanged but only redirected.

4. The Role of Education on HIV/AIDS Prevention and Control:

- 4.1 HIV/AIDS education has been integrated in the national curriculum at all levels since 1987;
- 4.2 Family planning and population education have been built on previous experiences;
- 4.3 The approaches adopted evolved over the years were:
 - 4.3.1 Introduced in health education as a single subject approach focussing on medical scientific aspects of the issue;
 - 4.3.2 Integrating life skills and more social related contents to develop more responsible attitudes and behaviours;
 - 4.3.3 Applying to real-life issues and events in the community;
 - 4.3.4 Greater emphasis on sex education;
 - 4.3.5 Introduced new dimension on "Living with HIV/AIDS"
 - 4.3.6 Strengthened by:
 - Mass media campaigns;
 - Non-formal education for out-of-school population;
 - Nationwide training of government officials and community leaders;
 - Indigenous learning networks within the communities.

5. Impacts of on Basic Education:

- 5.1 Estimates of Children Affected with HIV/AIDS by 2000:
 - 5.1.1 Children born before parents contacted HIV/AIDS estimated at nearly 200,000;
 - 5.1.2 Children born after parents contacted HIV/AIDS estimated at nearly 200,000, with the percentage of infants infected with HIV estimated at 25.5% to 9.2%;
 - 5.1.3 Children whose mothers have died from AIDS estimated at 34,372;
 - 5.1.4 Children whose mothers are living with AIDS estimated at 57,049;
 - 5.1.5 Children whose mothers are HIV positive but largely a symptomatic estimated at 420,731:
 - Estimates 1-2 by Tim Brown and Werasit Sittitrai, 1995;
 - Estimates 3-5 by Glenn K. Wasek et al The Global Orphan Project, Ministry of Public Health, World Education and UNICEF

5.2 Impacts on Children Affected by HIV/AIDS

- 5.2.1 Risk of being deserted at the hospitals reported at 2.7 per 1000 in 1996 but declining;
- 5.2.2 Risk of being orphaned estimated at 34,372 children whose mothers have died from AIDS and close to 500000 whose mothers are living with AIDS or have HIV;
- 5.2.3 Need for social safety nets to take care of children who are deserted, orphaned or living in hardship;
- 5.2.4 Non-acceptance and discrimination in schools and in the society;
- 5.2.5 Impacts on the access, the quality and the efficiency of education as a whole.

6. Present Efforts Being Carried Out

- 6.1 Greater concerns for the issues of living with HIV/AIDS crowned by a call from His Majesty the King to educate and to take care of AIDS orphans;
- 6.2 Funding from government, NGO's, AIDS network and the communities but covering less than 50% of those needed;
- 6.3 Social safety nets provided many by the extended family networks and the religious institutions;
- 6.4 In many parts of the country, health and medical services have been improved to be more sensitive and responsive to HIV/AIDS patients and their families;
- 6.5 Within the education system, new emphasis on living with AIDS, strong directives for open door policy for all disadvantaged groups, policies on child-friendly schools, anonymity kept, no blood testing, training of teachers to deal with symptomatic cases and public education for other parents should be actively implemented.

7. Remaining Issues:

- 7.1 General understanding of HIV/AIDS has been developed but risk behaviours remain only redirected;
- 7.2 Initial focus on fear impedes subsequent attempts to promote "Living with HIV/AIDS"
- 7.3 Assessment of situation is hampered by underreporting of the cases and inadequate attention paid to the issues of impacts;
- 7.4 Reports of declining rates shift national attention to other issues without adequate preparation for dealing with subsequent impacts of HIV/AIDS;
- 7.5 Extended families and religious institutions absorb initial needs for child care services and welfare. BUT for how long? And for how many?
- 7.6 Grants from governments, NGO'S, and the community have been provided, but they are inadequate, fragmented ineffectively allocated and sometimes abused;
- 7.7 Young girls have greater chance of being exploited;

- 7.8 Government services in many areas have learned to become more sensitive , and more responsive but still the exception not the norm;
- 7.9 Strong directives against discriminations have been emphasized but it takes time for attitudinal change among the public.

8. General Recommendations:

- 8.1 Accurate assessment of HIV/AIDS situation and projections of their impacts must be made known to policy makers and the public;
- 8.2 “Living with AIDS” must become the national agenda mobilizing all sectors of the society;
- 8.3 Child friendly school policies should be expanded and extended to other organizations thus creating more responsive environment for all children at risk but with focus on children at risk but with focus on children affected by HIV/AIDS
- 8.4 Assistance package must be made available for children affected by HIV/AIDS. The sources of funding may be diverse but allocation and administration should be carried out to the communities.

The issue of "Living with HIV/AIDS"
must become the national agenda.
