RECOMMENDATIONS

Based on this Report Card, a number of programmatic, policy and funding actions could be recommended to enhance HIV prevention for girls and young women in Thailand. These are key stakeholders — including government, relevant intergovernmental and non-governmental organisations, and donors — should consider:

1. The government of Thailand should sign the Convention on Consent Marriage: Age of Marriage and Registration of Marriages.
2. Review and strengthen Thailand’s action in the light of the aspects of the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting (to follow up on UNAIDS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 22, 26, 27, 29, 30, 31 and 34.
3. Address the health impact of unsafe abortion as a major public health concern, and reduce the recourse to abortion through expanded and improved family-planning services. Ensure that a woman’s reproductive rights status does not cause her to be pressured to seek an abortion against her will. Note that any abortion-related changes within the health system can only be determined at the national or local level according to the national legislative process.
4. Undertake a national awareness raising campaign with HIV prevention messages for both girls and young women in the general population. Ensure that such efforts:
   - Build awareness and action on equitable gender relations, for example by addressing harmful gender ‘norms’ that contribute to girls’ and young women’s vulnerability.
   - Promote income generating activities and building practical skills, particularly for sex workers.
   - Include the involvement of boys/youths and men and create an enabling dialogue about sex and HIV and AIDS between their and girls’ and young women’s worlds.
   - Urge men who have sex with men, who may also be married.
   - Focus on the promotion of positive prevention (i.e. the need for HIV prevention) and with, people living with HIV) and positive attitudes to safe sex and sexuality.
5. Expand youth-friendly, and integrated, HIV and sexual and reproductive health services, particularly for girls and young women living with HIV, to all major district health outlets within countries. Also add: some of the barriers to the use of such services, for example by more systematically incorporating youth-friendly and confidential approaches into the training of government health staff.
6. More aggressively promote a positive model of voluntary counselling and testing — one that emphasises the benefits of knowing your HIV status within a safe and supportive environment, guarantees confidentiality and helps girls and young women navigate their health care, for example in terms of notifying their families and partners.
7. Promote universal access to antiretroviral therapy. Ensure that girls and young women living with HIV, including those who are poor and in rural areas can receive treatment in an environment that not only addresses their HIV status, but also recognises them as having their gender and age.
8. Rapidly move to implement comprehensive health services and HIV/AIDS programs for migrants, hill tribes and other ethnic minorities, in particular women and girls. It is essential to expand HIV prevention, voluntary testing and counselling services and condom availability, and to make antiretroviral therapy available to foreign resident migrants, minorities and members of hill tribes on an equal basis with Thais.
9. Significantly scale up the pilot HIV prevention programmes for vulnerable groups of girls and young women, such as those involved in sex work or injecting drug use. Ensure that such initiatives are carried out within a supportive environment that is non-coercive, non-discriminatory and promotes positive prevention.
10. Complement existing programmes for vulnerable groups by developing models to reach other types of marginalised girls and young women, such as those who live in border areas, are migrant workers and/or victims of gender-based violence.
11. Strong commitment to support comprehensive sex education programs at a local and national level is needed to integrate sex education in school curriculum in all schools including the rural schools. In addition, ensure enough information and resources are provided to services in the community, and ensure that teachers receive adequate training and support to put any life skills education provided into effective practice.
12. The national response to HIV and AIDS needs a stronger ‘right-based’ approach. Some rights of people living with HIV are still being violated and discriminated especially their rights to conceive or terminate pregnancies, because doctors don’t want to get involved.
13. Work with boys and men to improve their health seeking behaviour, change their attitudes toward sex (to inter alia add address demand for sex workers), and to reduce the transmission of HIV and STIs to their regular partners.

COUNTRY CONTEXT:

Size of population: 62,418,054
Life expectancy at birth: 72.75 Years
Percentage of population under 15 years: 22%
Population below income poverty line of $1 per day: 10%
Male youth literacy rate (ages 15-24): 97.8%
Female youth literacy rates (ages 15-24): 100%
Median age at first marriage for men (ages 15-49) in 2006: 21.2 Years
Median age at first marriage for women (ages 15-49) in 2006: 20.2 Years
Median age at first sex among males (ages 15-49) in 2004: 19.5 Years
Health expenditure per capita per year: $521
Contraceptive prevalence rate: 81.1%
Maternal mortality per 100,000 live births: 36
Main ethnic groups: Thai 75% | Chinese 14% | other 11%
Main religions: Buddhist 94.6% | Muslim 4.6% | Christian 0.7%
Main languages: Thai | English (secondary language of the elite) | ethnic and regional dialects

INTRODUCTION

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives. The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Thailand. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarises the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Thailand. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy framework
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Thailand. The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Thailand to provide more qualitative information. This research is detailed in full within a ‘Research Dossier on HIV Prevention for Girls and Young Women in Thailand’ (available on request from IPPF).
**PLANNING:** The National AIDS Program sets the policy on the National AIDS Plan. As a result, the National Program acts as a framework for the National Plan and the National Strategy for the Prevention, Treatment and Care. The National Program also establishes health and social welfare services, develops knowledge and research, and integrates the tasks of HIV/AIDS prevention and alleviation. The National Program also contains a multi-sectoral framework for integrating the prevention and alleviation efforts of all relevant parties. The plan's strategies include establishing health and social welfare services, developing knowledge and research, and developing a holistic programme management system to integrate the tasks of HIV/AIDS prevention and alleviation. The plan also contains a target to reduce HIV/AIDS infection among women by 20%. The target groups in the National Plan include general target groups such as populations of reproductive age and young people in and out of the educational system. There are also a number of specific target groups, including: the underprivileged and difficult to access such as street children, labourers, prisoners, and youth in juvenile detention centres; intravenous drug users, and sex workers; and, in particular, health workers in hospitals and clinics. The National Program addresses the needs of people living with HIV/AIDS stating that at least eighty percent of persons living with HIV/AIDS and affected individuals will have access to, and be receiving, appropriate care and support. Schools are expected to provide students with information about HIV/AIDS in the classroom. In addition, youth education and HIV prevention is a component of the Global Fund programme to strengthen HIV prevention and care in Thailand. It is not known, however, how many education institutions have introduced HIV prevention and life skills programming and whether those that did have sustained the effort. Since 1995, HIV transmission from mother to child has decreased from 25.5% to 8-9%. The policy on PMTCT encourages health care facilities to provide Voluntary Confidential Counselling and Testing (VCCT) to all pregnant women, and to provide ARV drugs to HIV positive pregnant women for PMTCT, and replacement feeding to all babies born to HIV infected mothers.

**LEGAL PROVISION:**

- **Prevention Component 1:**
  - **Policy Provision:** The government has tackled the issue of adolescent sexuality through targeted policies and programmes. The policies aimed at reproductive health among adolescents include: (a) the national reproductive health policy, (b) the national youth policy, (c) the national health development plan, and (d) the national AIDS prevention action plan. The National Plan for the Prevention and Alleviation of HIV/AIDS in Thailand 2002-2006 is a multi-sectoral framework for integrating the prevention and alleviation efforts of all relevant parties. The plan's strategies include establishing health and social welfare services, developing knowledge and research, and developing a holistic programme management system to integrate the tasks of HIV/AIDS prevention and alleviation. The plan also contains a target to reduce HIV/AIDS infection among women by 20%.

- **Prevention Component 2:**
  - **Policy Provision:** The National Program has tackled the issue of adolescent sexuality through targeted policies and programmes. The policies aimed at reproductive health among adolescents include: (a) the national reproductive health policy, (b) the national youth policy, (c) the national health development plan, and (d) the national AIDS prevention action plan. The National Plan for the Prevention and Alleviation of HIV/AIDS in Thailand 2002-2006 is a multi-sectoral framework for integrating the prevention and alleviation efforts of all relevant parties. The plan's strategies include establishing health and social welfare services, developing knowledge and research, and developing a holistic programme management system to integrate the tasks of HIV/AIDS prevention and alleviation. The plan also contains a target to reduce HIV/AIDS infection among women by 20%.

**QUOTES AND ISSUES:**

- "A mandatory HIV test is required by many service establishments despite the provisions to protect people's right to confidentiality. Occasionally doctors violate people with HIV and AIDS (PHAs) rights by conducting HIV test without their consent." (Interview, Executive, Local NGO)
- "Policemen perceived that finding it [a condom] is evidence of the sale of sexual services. If a woman has 3 condoms in possession, she will be charged with providing sex services. If she has 5 condoms then she will be charged with operating a sex business." (Interview, Peer Educator, Local NGO)
- "It doesn't look good if we carry condoms. Men are the ones who use condoms, so they should carry them." (Focus Group Discussion: 15-19 year olds)
- "The Prevention and Suppression of the Sale of Sexual Services should be abolished to legalize sex work." (Interview, Senior Representative, FUA group)
- "Legalization of sex work does not ensure safe sex. Some clients may refuse to use condoms and, in practice, enforcement can be difficult. Sex work will flourish and more girls and young women from neighbouring countries might be drawn in the sex trade." (Focus Group Discussion: 20-24 year olds)
- "We have laws to prevent underage sex, forced sex, violence, etc. These laws are meaningless, if our gender biased social values (treasure virginity) do not allow us to protect female students to practice abstinence. It is very difficult for underage girls to get access to condoms from health service providers without their parents’ consent." (Interview, Youth coordinator)
- "Laws cannot guarantee safe sex. Drug stores and convenient store staff tend to have negative attitudes towards female condom customers. Requirement of parents’ consent for less than 18 years old girls reduces their chances of access to proper Sexual and Reproductive Health (SRH) services. Most parents will be furious if they see condoms in their daughters’ purses. It’s the parents’ attitude problem." (Interview, Youth coordinator)
- "SRH services and Voluntary Counselling and Testing (VCCT) requires parental consent if the client is a minor. However, this has little impact on access to SRH services. The main barrier is probably the nature of teenagers; they listen to their peers more than their parents. They would seek an illegal abortion, or take some drugs to terminate a pregnancy, rather than consulting their parents." (Doctor, SHR Unit)

**KEY POINTS:**

- For both women and men, the Minimum Legal Age for Marriage is 17 with parental consent, and 20 without parental consent.
- The minimum age for having an HIV test without parental and partner consent is 18.
- HIV Testing is not mandatory for any population group in Thailand. A number of key groups are tested for HIV as part of the annual HIV sero-sentinel surveillance, including military recruits, migrant workers, sex workers and injecting drug users. Sex workers are also regularly tested by the brothel owners. Neither of these processes are, however, government operated mandatory testing systems.
- Abortion is legal only where pregnancy would be life threatening to the woman, or in the case that the pregnancy was caused by rape.
- Studies suggest, however, that 66.6% of women with unplanned pregnancies seek abortion services from abortionists who are non-medical-professionals. There are also concerns about women and girls living with HIV being pressured to have an abortion and seek sterilization.
- Sex work is illegal in Thailand. The National Program on HIV Prevention decided, however, that it was more effective to work with those involved, than to pursue enforcement actions that would make sex workers less likely to seek help.
- Injecting drug use is illegal and the government is not supportive of promoting needle exchange. A drug treatment program is provided in most hospitals as a substitution therapy. Methadone maintenance therapy is available only in Bangkok Metropolitan Administration clinics and a few regional drug treatment centers.
- Health legislation gives all Thai people the right to equal access to standard public health services and the right of indigent persons to receive free medical treatment from public health centres.
- Children, youth and family members have the right to be protected by the State against violence and unfair treatment. These groups also have the right to health and education.
• Thailand has an extensive health infrastructure, which has greatly facilitated the national response to HIV and AIDS. For example, Volunteer Counselling and Testing (VCT) services are available at approximately 1,000 hospitals and clinics across the country. However, the coverage is uneven. According to a survey conducted for UNAIDS in late 2003, people in Bangkok can easily access free or affordable voluntary counselling but less than 50 percent enjoy similar access in rural areas.

• Coverage of antiretrovirals has expanded to 908 health service institutions in every province. Cumulative enrollment to the ARV program as of August 2006 was 103,861, with 82,340 patients still enrolled in the program.

• While some hospitals can and do provide systematic and appropriate services (including pre- and post-test counselling), other sites struggle to do so. Excessive workloads, burnout of staff and inadequate counselling skills are all factors. Of particular worry is the reported lack of privacy and confidentiality for patients.

• Drop-in centres for youth have been introduced in almost all the 76 provinces to enhance accessibility of reproductive health information and services to youth at affordable costs. At drop-in centres, young people have informal group discussions and seek counselling on health and sexuality issues.

• There is a strong history of condom promotion in Thailand, and, condom distribution has been recognised as a good tool for helping to prevent the spread of HIV/AIDS. There is a need, however, to provide more convenient and accessible condom outlets so that people can buy condoms at a lower price (e.g. by installing condom automatic vending machines in public places).

• The government launched a highly successful nationwide "100% condom use promotion" for sex workers 10 years ago. Due, however, to the elimination of specialised STD clinics and less effective condom promotion, this programme no longer has its previous reach and impact.

• No mass public prevention campaigns have been carried out in Thailand for over a decade. Awareness has decreased and unsafe sexual behaviour may have increased.

• There is a need to enable a more positive environment for safe sex behaviour in Thai society. This includes greater HIV/AIDS awareness raising among Thai people of reproductive age, and key target populations. It is also necessary to encourage adoption of correct and positive attitudes to safe sex and to implement sustainable preventive behaviour in youth.

• Some programmes exist which discuss possibilities for men’s greater responsibility in sexual and reproductive health and HIV prevention. These are reported to be important in encouraging male condom use, particularly among those having sex with sex workers or who are married and also have sex with other men (often without a condom). Generally, however, these programmes are not mainstreamed.
**KEY POINTS:**


- The National AIDS Prevention and Control Committee coordinates HIV/AIDS prevention and alleviation efforts in Thailand. Government agencies, non-government organisations, the business sector, community-based organisations and groups of people living with HIV/AIDS have administered and implemented prevention and alleviation programs.

- The Thai Network of People Living with HIV/AIDS (TPAP+) currently supports 7 regional networks comprised of over 900 PHA groups and has over 90,000 members. TPAP+ is heavily involved in issues of advocacy and education and is represented in the National AIDS Committee.

- There are at least one million Burmese in Thailand, the vast majority undocumented migrants. Once in Thailand and without work or residency documentation, Burmese women and girls lack the most basic rights and access to services. Face acute discrimination and are subject to the threat of deportation to Burma.

- Non Governmental Organisations (NGOs) and community-based groups are often best placed to reach marginalised populations. However, the share of the overall AIDS budget going to civil society groups in Thailand remains small (about 6-7 percent) compared to many other countries.

- The Thai Women and AIDS Task Force was formed in 2002 and is aimed at empowering women and creating a forum for collective action against HIV/AIDS with women's and gender perspective.

**QUOTES AND ISSUES:**

- "Girls, young women and Sex Workers are represented in the National AIDS Committee and many other committees. They also serve as board members in some Global Fund projects." (Interviewee, Peer Educator, Local NGO)

- "We were invited to participate in the formulation of the National Plan for the Prevention and Alleviation of AIDS in Thailand 2007-2011, but we declined the invitation: Formulation of the plan was not based on participatory approach. They have developed rigid frameworks that do not meet our needs. We prefer our Civil HIV/AIDS Agenda." (Interview, Senior Representative PHA group)

- "Most people do not have days off. They have to work every day to earn enough income. To encourage their involvement, we need financial incentives." (Focus Group Discussion: 20-24 year olds)

- "Most people do not know about their rights. It’s the nature of Thai people. We usually do not defend our rights. This is not limited to AIDS rights." (Representative, International Agency)

- "Within the national response to AIDS, the right-based elements need improvement. Some PHAs’ rights are still being violated. PHAs cannot get pregnancy termination because doctors don’t want to get involved. Many employers still discriminate against PHAs." (Doctor, SRH Unit)

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