

## The Evaluation of Basic Education Provision Policy for HIV/AIDS-Affected Children in Thailand

Wichuda Kijthorntham<sup>1</sup> and Narisara Peungposop<sup>1</sup>

This study aimed to evaluate the basic education provision policy for HIV/AIDS-affected children in Thailand and to propose recommendations for enhancing this policy for the basic education provision. Multi-methods evaluation was used, namely documentary analysis, a questionnaire survey of 185 Educational Service Area Offices [ESAOs] and 50 schools under the royal patronage of HM the King of Thailand, and in-depth interviews of 50 educational participants. The results revealed that 61.54% of ESAOs have HIV/AIDS-affected children studying in the basic educational schools. Most of them were in the north and the northeast region of Thailand. The report of AIDS patients in public health system of Thailand showed that there were 37,910 HIV/AIDS children who studied in basic educational schools providing basic core curriculum education. Only 364 of them studied in public special education schools promoting life and occupational skills. The action of ESAOs on education provision policy were a) to create and revise databases of disadvantaged children, b) to allocate fund for HIV/AIDS-affected children, and c) to launch public relation campaigns among families and communities. Based on the results, three recommendations for the policy of ESAOs' were proposed a) enabling HIV/AIDS-affected children to access educational services; b) assisting them with respect of rights and dignity; and c) providing systematic assistance by integrating multi-professional networks consistent with different levels and children's needs.

**Keywords:** HIV/AIDS-affected children, basic education provision policy, policy evaluation

Global summary of the AIDS epidemic report reveals that the number of people living with HIV is 34 million in 2010. In this, 3.4 million is the number of children under 15 years old. Of the 1.8 million people who died of AIDS during 2010, one out of seven was a child. Every hour, around 30 children dies as a result of AIDS (World Health Organization, 2011). Since the first reported case of HIV/AIDS in Thailand in 1984, the impact of the HIV epidemic has had a prolonged effect on the children from their birth to the end of their life. In 1998, Thailand participated in the Global Orphan Project, an international study (Bunyawongwirot, 2008) seeking an accurate estimate of the number of children affected by HIV/AIDS, especially children aged below 15 years old, of HIV-positive mothers. The study found that 512,152 children had HIV-positive mothers. Of those, less than 7% were orphans, 11% had mothers having developed AIDS. In 80% of cases, their

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<sup>1</sup> Lecturer, Behavioral Science Research Institute, Srinakharinwirot University, Bangkok, Thailand

mothers had not even known if they were HIV-positive (UNICEF, 2001). Besides the international survey, the national survey by Institute of Population and Social Research (IPSR), Mahidol University, Thailand, estimated that there were about 330,000 orphans in 2010 (Karnganachitra, Tungchonlatit & Charudsith, 2009). An increase in number of HIV/AIDS mothers caused the number of mother-to-child transmissions also to expand. In addition, Bureau of Epidemiology (2010) reported that in 2010, Thailand had 376,847 HIV/AIDS patients. 5.03% of this number was aged from 0 to 14 years, with most of them infected by mother-to-child transmissions.

Born with HIV these children develop serious diseases in the first year of life. Sometimes the most serious symptoms of AIDS did not show until the age of school entry or even adolescence. Children with HIV develop life-threatening Opportunistic Infections (OIs) such as serious bacterial infections, *Pneumocystis Carinii* Pneumonia (PCP), Cytomegalovirus disease (CMV), Candidiasis, and Lymphocytic Interstitial Pneumonitis (LIP). They suffer more frequently and severely than uninfected children. These infections also can cause seizures, fever, pneumonia, recurrent colds, diarrhea, dehydration, and other problems that often result in extended hospital stays and nutritional problems. Numerous children with HIV infection encounter the problem of weight loss and abnormal growth. Also, they frequently are slow to reach important milestones in motor skills and mental development such as crawling, walking, and talking (National Institutes of Allergy and Infectious Diseases, 2008).

The major problem found in HIV/AIDS –affected children is that specific education schools for school aged HIV/AIDS children were hardly found in Thailand. Most of them studied in general public schools providing basic education for all children, though specific education provision is required for HIV/AIDS children. According to The National Education Act 1999 and Amendments Second National Education Act 2002 stipulate that disadvantaged individuals must have rights and opportunities to receive the specially provided basic education (Office of the National Education Commission, 2002). The policy on education provision for disadvantaged children has been stated and announced since 2004, which consists of 5 principal issues, namely, 1) providing equal and universal education services through a variety of appropriate methods; 2) providing quality education suitable for disadvantaged children; 3) allocating education resources and other basic essentials for them; 4) manipulating the efficient administrative system for the provision of education; and 5) constructing and developing an education provision network (Bureau of the Policy and Planning, Office of the Education Council, 2005). The disadvantaged children usually are excluded

from the mainstream of education in a conventional sense. Therefore, education for them requires special techniques and additional funding.

Currently, Thailand has entered the second decade (2009-2018) of education reform (Royal Thai Government, 2010) in which goals and measures on development of educational administration have been established in order to increase opportunities for all citizens. HIV/AIDS-affected children were included in those and they have a right to receive quality education and lifelong learning (Ministry Operations Office, the Ministry of Education, 2010). After the policy implementation on education provision for disadvantaged children, the evaluation on the education provision for HIV/AIDS-affected children was conducted. Consequently, the evaluation results will be used during the second decade of education reform so as to improve the provision to be more accessible and efficient to the unfortunate children.

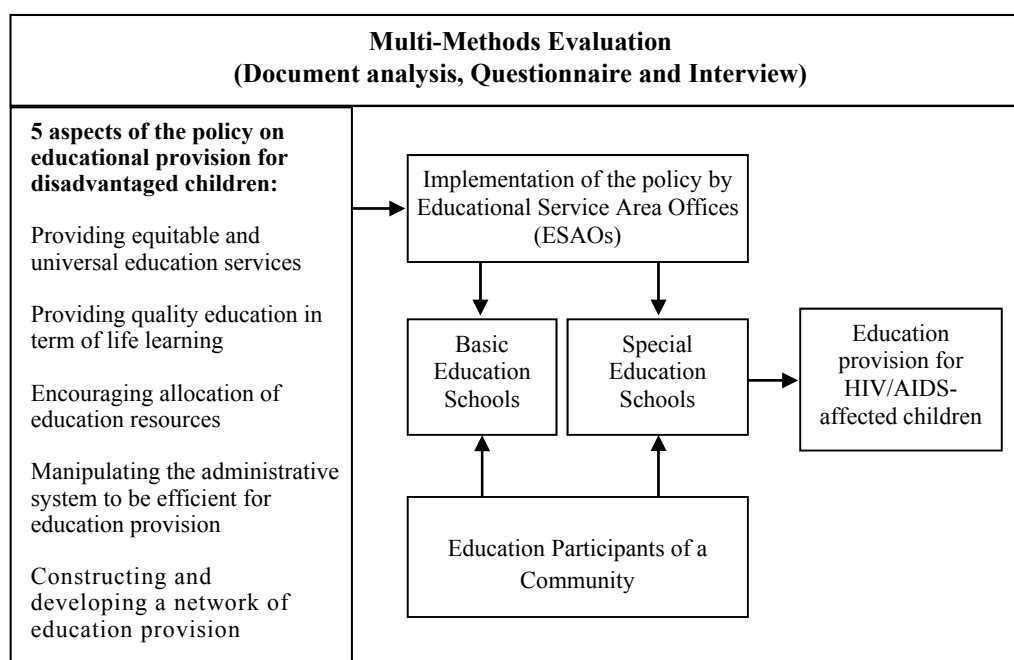
From the rationale mentioned above, this research aimed to evaluate the basic education provision policy for HIV/AIDS-affected children in Thailand and to propose recommendation for the basic education provision policy for them.

### **Objectives**

The main objectives of this study were to evaluate the basic education provision policy for HIV/AIDS-affected children in Thailand and to propose the recommendations to enhance the basic education provision policy for them.

### **Conceptual Framework**

The evaluation focused on the education provision policy for children affected by AIDS, including those infected with HIV, those with symptoms of AIDS, and orphans whose one or both parents had died from AIDS. The concept of policy evaluation proposed by Anderson (1979) was employed. The dimension to evaluate emphasizes only the effectiveness. The policy effectiveness is considered to see whether the policy implementation is accomplished to the policy's goal or not. In order to complete information collection, a variety of data collection methods both of by documentary analysis, questionnaire and interview were used. It is called the multi-methods evaluation as shown in Figure 1.



**Figure 1.** Conceptual framework

## Materials and methods

### Population and sample

Target population included 185 Educational Service Area Offices [ESAOs], 50 public schools under the royal patronage of HM the King of Thailand, and is called “Rajaprajanugroh”, which provided special education for disadvantaged children, 1 private school and education provision participants involved in education provision for HIV/AIDS-affected children in the communities of Chiang Mai and Lamphun province located in the North of Thailand.

The sample consisted of a group of 50 participants involved in education provision for HIV/AIDS-affected children in communities of Chiang Mai and Lamphun province. Participation in this research was voluntary, and consisted of 4 members of the Don Kaew Sub-district Administration Organization, 4 community members volunteering at the Don Kaew Sub-district Administration Organization, 4 HIV/AIDS-affected families, 1 executive of the Kue Darun Foundation, 1 abbot responsible for education provided for children in the communities, a group of school directors, teachers, and educational officers from the Rajaprajanugroh 32, the Chalermprakiet 48

Pansa School, the Banhuaysai School, and the Wat Papao Learning Center; and the Deputy Director of Lamphun Educational Service Area Office 1.

### **Data collection**

Data collection comprised of a documentary analysis, a survey, and interviews done by research team during in January to August, 2010. **The documentary analysis** was done by analyzing the main issues of the policy on education provision for HIV/AIDS-affected children; the situation of HIV/AIDS and impact of AIDS on the children in Thailand. **The survey** operated by the questionnaires distributed to 185 Educational Service Area Offices and 50 Rajaprajanugroh Schools. The response rate from Educational Service Area Offices was 28.11% and 62.50% from Ratchaprachanukro Schools. **The semi-structured interviews** were conducted on individuals and groups, with the individuals involved in educational provision for HIV/AIDS-affected children in the targeted communities in Chiang Mai and Lamphun provinces

### **Data Analysis**

The quantitative data were analyzed by descriptive statistics and it was reported as percentage. Content analysis was used to analyze the qualitative data to formulate the policy recommendation to develop the basic education provision policy and strategies for HIV/AIDS-affected children in Thailand.

### **Results**

The important findings are reported in this part. The first finding is drawn from the documentary analysis. The second and the third findings revealed about the description of sample's basic information and the current situation of educational provision for HIV/AIDS children. The fourth to the sixth were the findings to answer the objectives. Details are as follows.

1) The estimated number of HIV/AIDS children in 2010 was 37,910 children. This number composed of children with and without symptoms of AIDS<sup>1</sup>. Out of the estimated total number, there were 364 HIV/AIDS children studying at the Rajaprajanugroh Schools and public special educational schools which provide the special education for disadvantaged children. Less

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<sup>1</sup> The number of HIV/AIDS children was estimated by considering the number of reported AIDS patients which amounted up to 367,847 (Bureau of Epidemiology, Department of Disease Control, Ministry of Public Health, 2011). The estimated number included 18,955 (5.03%) children aged between 0-14 years old. In addition, as it was estimated that the HIV/AIDS people probably outnumbered the AIDS patients, the number of HIV-infected children was 37,910 approximately.

than 330 HIV/AIDS children studied at the Chalermprakiat 48 Pansa School<sup>2</sup> and private special educational schools. Base on the number of primary school children which have 2,756,205 school children, it implied that there were 1.38% of HIV-infected children in basic educational schools. Of this ratio, only 0.01% studied at the public special educational schools, less than 0.01% attended in the Chalermprakiat 48 Pansa School, private special educational schools and 1.36% studied at public basic educational schools.

2) Regarding to the government policy organizations involved in education provision for HIV/AIDS-affected children, there were 52 ESAOs that responded the questionnaires. Of the total 52 ESAOs, 32 ESAOs were responsible for HIV/AIDS-affected children. Among those, there were 17 ESAOs had HIV-infected children which were mostly found in the north and northeast of Thailand.

3) The actual condition of the policy implementation and strategies on education provision investigated from ESAOs were found to perform these following actions as shown in table 1.

Table 1

*Number and Percentage of Office Performing Policy Implementation and Strategies on Education Provision*

Actions	Number of office (52 offices)	%
▪ Creating databases of disadvantaged children attending schools and doing revision every year.	48	92.3
▪ Encouraging teachers and educational officers to receive training and to further study on children's education provision and support.	39	75.0
▪ Providing budgets and education funds for each child.	46	88.5
▪ Creating an annual operation plan used for providing education for disadvantaged children.	33	63.5
▪ Launching public relation campaigns to make families and communities aware of the importance of education provision and support for children.	42	80.8

As for the special education schools where life and occupational skills was provided, the new underprivileged children would be verified every year with cooperation of the Sub-district Administration Organizations and the Educational

<sup>2</sup> The actual number could not be specified as it was integrated into the number of indigent girls living in remote areas, and that was also due to the protection of the children's privacy rights.

Service Area Offices in order to provide the children with standard education. In such schools, the disadvantaged children participated in the same class as normal children under the inclusive education. For the Chalermprakiat 48 Pansa Schools, there would be admission announcements expanded to ESAOs across the country. The schools prepared the inclusive education as well as life and occupational enhancement for the children's self-sufficiency.

4) ESAOs had a responsibility to identify the disadvantaged children's needs and to protect their rights as well as to provide them with guidance via community or state or private media together with other electronic channels. For the children urgently in need of help, an assistance system was provided, but there was a lack of hotline center established for broadcasting the children's information and doing a follow-up process. There was a transfer of children's information for the purpose of giving them supporting and access to higher education, but grade transfer system was not provided if a child came from a different education system. Furthermore, there was provision of special welfare for teachers and officers responsible for disadvantaged children. The children also received additional budgets from other organizations which were allocated under a regulation set by a committee; nonetheless, those budgets were still not enough for all children. In order to develop the patterns of educational provision, a follow-up and an evaluation were annually executed. Intermediate and long-range operation plans of education provision for disadvantaged children were prepared each year; however, there were still some obstacles due to high turnover rate and inexperience of staff. Public relations and campaigns were also launched to encourage families and communities to realize the importance of aid and education provision through a variety of communication channels. Finally, the special schools investigated had developed networks for helping some particular disadvantaged children; still, such provision was insufficient for all of the unfortunate children.

5) The results derived from the comparison between the implementation outcomes and the objectives, goals, policies, and strategies on educational provision for disadvantaged children revealed that whether or not the children would receive educational and occupational services depended on 4 factors: a) difficulties undergone by the children on account of family problems, b) family's economic status, c) non-disclosure of family information, and d) a support system of the public policy organizations, community, and the society.

6) The free educational services provided by the government were only restricted to 15 years basic education; as a result, opportunities to receive higher education of HIV/AIDS-affected children declined. In addition, it was

difficult for those children to live with dignity and in harmony with other people as some of them was still unaccepted by surrounding people. The children's perception and participation in social and national development procedures depended on the development of potentiality that they received.

### **Discussion**

The results of the study indicated that the number of HIV/AIDS children have decreased from that of the previous years. The infected children had a better quality of life and lived longer because they had more opportunities to reach for anti-HIV drugs leading to the decrease in opportunistic infection associated with AIDS. It was estimated that the number of HIV/AIDS children studying at basic education institutions was around 1.36% which was lower than that reported by the Life Skills Development Foundation, around 7.60% (Chai-muangdee, 2007). The results revealed that the subsidy provided by the government was not sufficient for the children's livelihood, and assistance from other segments still lacked certainty. Accordingly, HIV/AIDS children had to live with uncertainty and had to undertake family responsibility; these would cause continuous effect and become children's great barriers to education.

The present education provision for HIV/AIDS-affected children in Thailand was an inclusive education for both disadvantaged and normal children in the same classroom. Such provision was found in both basic education schools and special schools with providing special education for disadvantage children. The accurate number of the HIV/AIDS-affected children in basic education schools was unknown due to the children's privacy, and there were few HIV/AIDS children studying at special education schools (0.09%), where the greatest proportion belonged to the group of poor students totaling 70.99 %. For these reasons, the assistance was more aimed at the group of poor children especially poor as they had severe problems.

The findings revealed that the key success conditions for basic education provision policies for HIV/AIDS-affected children relied on 4 conditions: 1) The formulation of the operation plan according to the strategic plan proposed must derive from the integration of multi-professional networks of related agencies, 2) The budgets for HIV/AIDS-affected children must be sufficient for education provision and improvement in quality of life and must be allocated by several agencies, 3) Families, communities, and societies must realize the importance of problems that children encountered and must encourage them to receive education so that they could be a part of the development of their society, and 4) People involving in the provision of

education for HIV/AIDS-affected children must have knowledge and understanding of HIV and AIDS situation in children, development at different ages, and the risk of HIV infection at different ages as well as the ability to analyze the various needs of children affected by HIV/AIDS.

### **Recommendations**

Based on above findings, the recommendations for policy and for future research were suggested: a) Educational policy for all HIV/AIDS-affected children should be provided equitable and universal access to education, b) Educational policy should focus on allocating educational resources and providing fund for basic essentials to HIV/AIDS-affected children so they could have a good quality of life and quality and efficient education, and c) The related agency such as the ministry of social development and human security should construct and develop a multi-professional network in order to provide efficient and prompt assistance for HIV/AIDS-affected children in accord with their needs.

As for future research recommendations, due to the fact that this research did not conduct a direct survey on the number of HIV/AIDS-affected children studying at educational institutions, there should be a research on the number of HIV/AIDS-affected school-aged children who study and do not study at educational institutions as well as their needs of special assistance. Furthermore, basic information should be gained so as to create the educational assistance that suite the special needs of HIV/AIDS-affected children.

Although the HIV epidemic in Thailand seemed to decrease, Thailand is still at risk of HIV expansion among youth (Siraprapasiri, 2010). This could result in an increase of mother-to-child transmission. Thus, there should be proactive research in order to provide knowledge and understanding to correctly adjust attitudes and values toward lives of young people, especially those who are at risk of HIV, with on a purpose of promoting HIV prevention among youth.

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