Gender Issues

Thailand

By

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Gender Specialist

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REFERENCES

1. Introduction

The Gender Specialist has collected extensive data on women and gender issues in Thailand, with a special focus on the Northern Region. These are retained in the reference library of the project. A list of the
References is included as an attachment. The most critical gender and social issues include the impact of the economic crisis on rural households and women; high spread of HIV/AIDS particularly among the youth; increasing number of mothers and orphans with HIV; commercial sex work; internal and cross-border migration; impact of tourism development; trafficking of women and children (for agricultural and industrial labour, prostitution and entertainment industries); illegal economic activities (trading and smuggling including drugs); increasing feminisation of poverty particularly in the rural areas. This report includes some of the critical data and highlights some of the issues.

2. Population Issues

Thailand is relatively homogenous in terms of ethnicity and religion. Over 80% are ethnic Thai and about 10% are of Chinese decent. Malay and Muslim ethnic groups inhabit largely the lower part of Thailand, while Thai of Lao decent form a large part of the North-eastern people. The major hill tribe groups encompassing about 800,000 people in total, live in the Northern mountain areas. In terms of religion, 95% of the Thai are Buddhist, 3.8% Muslim, 0.5% Christian, 0.1% Hindu and 0.6% adheres to other religions.

Thailand’s fertility decline since the mid-1960s has been among the fastest in the developing world. The population growth rate has fallen to a current 1.1, the same as that for North America. The birth rate has also declined to 17 per 1,000 population. (ESCAP, 1998). Family size has shown a dramatic decline from around six children per family in the 1960’s to approximately two children for rural areas and one child in Bangkok as of 1997 (UNICEF, 1998). As a consequence of these trends, Thai families have become smaller, limiting the number of hands that were traditionally available for household and agricultural production that provided family’s economic security.

Development indices have been recently frequently reported in making analyses on the level of human development in the UN system countries. The **Human Development Index** (HDI) ranking for Thailand was in 1995, 59 of the 174 countries (UNDP, 1998) and indicates that Thailand belongs to the "high human development" group of countries, meaning: high life expectancy at birth, a high educational attainment and standard of living. A **Gender-related Development Index** (GDI) ranking was 40 of the 163 countries, indicating gender inequality in life expectancy, educational attainment and share of income – with a difference of +19. This means that women live with substantial gender disparities. A third indicator of human development proposed by the UNDP is the **Gender Empowerment Measure** (GEM), which has been calculated for Thailand (score 0.421), ranking 60 out of 102 countries. This reflects an increasing participation of women and men in the political and economic spheres of activity. In 1995, there were 6.6% of the seats in Parliament allocated for women; 21.8% of administrators and managers were women, and 52.4% of professional and technical workers were female.

Development indicators for the numerous hill-tribes and hill-women in Thailand need to be collected and studies as only a scattered data is available, and it is often out-dated or non-representative of the carious groups. Information in the following table has been collected through the Tribal Health Survey (UNICEF, 1998).

### Table 1. Selected Indicators for Hilltribes in Thailand - 1997

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rate (%)</th>
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<tbody>
<tr>
<td>Average family Size</td>
<td>4.9</td>
</tr>
<tr>
<td>Crude Birth Rate</td>
<td>26.7</td>
</tr>
<tr>
<td>Crude Death Rate</td>
<td>6.1</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>20.4</td>
</tr>
<tr>
<td>Under-Five Mortality Rate</td>
<td>27.2</td>
</tr>
<tr>
<td>Education:</td>
<td></td>
</tr>
<tr>
<td>- Never Attended School</td>
<td>58.2</td>
</tr>
<tr>
<td>Category</td>
<td>Percentage</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Primary School</td>
<td>34.3%</td>
</tr>
<tr>
<td>Secondary School</td>
<td>5.7%</td>
</tr>
<tr>
<td>Tertiary School</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

**Literacy:**
- Cannot speak/write Thai: 17.7%
- Can speak but not write: 37.2%
- Can speak and write: 45.1%

**Protein Energy Malnutrition:**
- Normal: 58.0%
- First Degree: 32.0%
- Second Degree: 8.0%
- Third Degree: 1.8%

**Low Birth Weight:**
- 10.4%

**Natal care:**
- Full ante-natal Care (ANC): 46.9%
- Never attended ANC: 25.7%
- Full post-natal care: 28.3%
- Delivery by health Personnel: 51.7%
- Delivery by trained traditional birth attendant: 9.9%

**Occupation:**
- Unemployed: 2.1%
- Cultivating cash crops: 60.1%
- Cultivating rice: 14.6%
- Cultivating vegetables: 6.1%
- Merchants: 4.9%
- Labourers: 10.9%

**Income:**
- Sufficient with savings: 8.1%
- Sufficient: 46.3%
- Insufficient: 45.5%
3. Situation of Women and Families

Women in present day Thai society face an entirely different set of decisions regarding work, fertility, and lifestyle than the earlier generation. The main forces fuelling these changes are fertility decline, delayed marriage, high levels of migration from rural areas, and increased employment opportunities. Compared with women in the other GMS countries, Thai women in general fare relatively well in several aspects: literacy, access to tertiary education, degree of autonomy regarding reproductive behaviour decisions, freedom of movement and association, post marital residence patterns, inheritance and choice of marriage partners.

However, considering the effects of the economic growth and changes in gender roles and status, the problems in the rural areas are becoming very severe. There is common phenomena of "graying of farming" as grandparents are often left to care for the homestead and children when parents leave for seeking employment in the urban rural areas. In many rural villages there is no adolescents or adults left.

This trend is, however, now changing. With the nation’s economic downturn, jobs are being lost and many migrants are returning to their villages, and far greater attention is needed to focus on the community development processes with these returnees – both men and women. Greater materialism, however, has negatively affected people’s behaviours and values, and these trends need to be considered when developing and planning of interventions with the families and communities.

In Thailand, there are 13 research and training institutes, which are focussing on contemporary research on women, families and gender issues. Extensive research projects are being carried out a.o. in the Gender, Technology and Development Centre at the Asian Institute of Technology (AIT), as well as in the Women’s Studies centre and the Lanna Women’s Centre at the Chiang Mai University. In the following Boxes, short synopses are summarised on selected ongoing projects in Chiang Mai University.

Box 1. Education for the Advancement of Lan-na (Northern)

Women Centre, University of Chiang Mai

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>- Permanent</td>
<td>39.5</td>
</tr>
<tr>
<td>- Impermanent</td>
<td>60.5</td>
</tr>
<tr>
<td>Households with access to sanitary latrines</td>
<td>70.4</td>
</tr>
<tr>
<td>Households that boil or filter drinking water</td>
<td>26.1</td>
</tr>
</tbody>
</table>

Source: 1997 Tribal Health Survey, Health Policy and Planning Bureau

The Centre is located in the Faculty of Education, and carries our several projects:

- "How Families in the Rural Areas Adapt to the Industrialisation” joint venture with the Organisation for Research, Science and Technology for Development, France.
  **Synopsis:** In Northern Thailand, industrialisation has caused many social problems and caused big poverty gaps and differences in the living standards of the urban and rural populations. Approximately 60-70 % of the factory workers are young women and their wage levels minimal to provide very cheap labour – typically, exploited with a prevalence of gender discrimination. The research has revealed that factory skills development is essential and technical training is needed. It has been noted that household skills can be useful in small-size industries, for example, in Nan and Phrae Provinces many women have become managers in such industries as "sa-paper" (silk-paper), and mulberry processing.

- "Problems of Women in the Electronic Factory in the Lam Pun Industrial Estate".
  **Synopsis:** Majority of the women recruited to work in the factories are under 25 years of age. They are internal or external migrant labourers and have to live in dormitory-like very difficult,
There are numerous, serious socio-cultural and economic problems in the society, which the Northern Region families are facing, particularly now – according to the researchers – as the economic crisis is hitting Thailand.
hard. In the urban areas, unemployment is increasing, and in the rural areas, additional problems and hardships are experienced by families because of the returning seasonal migrants, who are returning back to their home regions - increasing poverty, unemployment and social problems

UNICEF has in 1998, opened a new office in Chiang Mai, as many of the agency’s concerns in the Northern Region have become acute and critical. These include: increased child trafficking, drug trade, increasing prevalence of HIV/AIDS in babies, children and youth. The cases have been recently visibly highly publicised as it was found out that over 20% of the young army recruits (18-25 years) were HIV positive. The new situation requires new efforts for prevention, counselling, and care-networking

The European Union has supported an innovative project in the Northern Region for three years to study AIDS care networks and methodologies, as joint project with the Regional Centre for Social Science and Sustainable Development. In the following is a brief summary of the ongoing projects of the Centre in the Northern Region.

**Box 3: Regional Centre for Social Science and Sustainable Development – Chiang Mai University.**

In response to the need for integration of social science and natural science knowledge in gaining a better understanding of sustainable development in the upper mainland of South east Asia, the Centre was established in 1998. Besides the training programmes, its ongoing projects include:

- **Promotion of Knowledge for Social Development and AIDS Care**: fostering NGO groups to learn about AIDS-care. The Centre has received notable funding for the past two years from the European Union (in the scale of 63 000,- ECU) to study “Networks of People with HIV/AIDS and their Coping Strategies in Northern Thailand Project”;

- **Ethnic Studies Networks (EthNet)**: has the purpose to build a younger generation of researchers to carry out research on ethnic communities, to network with international researchers and village researchers and to publish books on ethnic groups in Thailand and in the sub-region;

- **Democracy and the Civil Society**: to encourage people to become involved in the Citizens’ Movements in Elections and to understand the meaning of politics, lobby and advocacy;

- **Legal Aid to Marginalized People**: to support ethnic people’s groups having problems with government, private companies, etc to have representation in the Court etc; this is done through paralegal workers to assist them in documenting cases of conflicts in resource management.

Source: Personal Communication, RCSD, 1998

### 4. Women’s Reproductive and Sexual Health

Thailand has also seen over ten-fold decline in maternal mortality remaining one of the lowest in the region, 200 per 100,000 live births. Antenatal care has been a positive force in combating maternal mortality. Regional variations exist, and despite intensive government efforts, change has been slow due to cultural, religious constraints in traditions and beliefs about pregnancy, childbirth and child rearing. Adolescent pregnancies among females below 19 years of age, are becoming a major social and public health issue.

**Table 2. Mortality Rates in Thailand**

<table>
<thead>
<tr>
<th></th>
<th>Vietnam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Exp. at birth Male</td>
<td>67</td>
</tr>
<tr>
<td>Life Exp. at birth Female</td>
<td>72</td>
</tr>
</tbody>
</table>
The HIV/AIDS prevalence in Thailand is alarming. The incidence of STDs has always been high in Thailand among commercial sex workers, however the incidence among other population groups is declining as a result of an intensive public health campaign on AIDS prevention. Thailand has had one of the most aggressive HIV prevention programmes in the world. The Prime Minister chairs the national AIDS Committee, the Government and international donors provide tens of millions of dollars each year for prevention communication, and approximately 50 NGOs have programs in AIDS prevention and care.

Considering Thailand’s HIV/AIDS crisis, there are over 6,000 children born with HIV each year in Thailand, according to UNAIDS study, and another 14,000 lose their mothers annually. The forecast is that this figure might rise close to 100,000 in the year 2000 (Helsingin Sanomat, April 1999). Tuberculosis is also starting to rise. Other health challenges include pneumonia, diarrhoea, parasite infestations and food poisoning, hepatitis, chickenpox, mumps and typhoid. Many of these are a consequence of uncovered dug wells, non-use latrines and house floors made of dirt. There is also a lack of awareness and extensive use of traditional curative measures, which are inadequate and cause extensive health problems in poor households.

Regarding protein energy malnutrition, the North-eastern region has been consistently been the worst-off region due to its higher level of poverty and household food insecurity. 20-27 percent of pre-school and school-age children have vitamin-A deficiency in the North and North-eastern regions. This is due to food insecurity, inadequate child care, and unsanitary environmental conditions that perpetuate the malnutrition-infection cycle (UNICEF, 1998).

Thailand is not only facing a growing burden of non-communicable, or chronic diseases but also the emergence of new health threats such as propagation of addictive substances, injury from accidents, occupational hazards, environmental pollution and HIV/AIDS. Large disparities exist between the general Thai population and the disadvantaged groups of women and children, hill tribes and Southern Muslims.

### 5. Sex Sector Employment

Based on a recently published research by the International Labour Organisation of the United Nations on sex industry, and the economic and social bases of prostitution in South-East Asia, this often controversially seen subject has been brought into the visible media and public discussion fora of the international arenas. As it is a critical issue relating to basic human rights, employment and working conditions, gender discrimination and commercial exploitation, especially of children, some key points from the Thailand country study have been covered in this report. This is included mainly for the awareness building purposes for those planning the next Phases of RETA 5771, so that socio-economic and gender analysis become a mainstreamed process in the analysis of social dimensions and impacts of development interventions.

| Infant mortality (per 1,000 live births) | 35 |
| Child Mortality rate (per 1,000) | 42 |
| Adult Mortality rate (per 1,000) Male | 199 |
| Adult Mortality rate (per 1,000) Female | 119 |
| Maternal Mortality rate per 100 000 Live births* | 200 |

*Source: World Development Indicators, World Bank, 1997*

Currently, the sex industry in Thailand is highly visible, economically successful, internally differentiated and illegal. Ironically, since 1960’s the main policy issue has been how to legally reduce the industry while in fact, this period has seen the fastest growth of the industry, often under indirect patronage of the government. The pattern of economic development (including expansion of the tourist industry) and gender relations in Thai society have interacted to create the conditions for a flourishing sex industry. A complex of interrelated changes associated with economic development and gender roles has operated to provide and increasing supply of women for the sex sector. For example Blanc-Scanton (1990) argues that combined effects of agricultural transformation, changes in inheritance rules (so that property must now be equally divided among sons and daughters rather
than going primarily to daughter) and the proletarianization of the labour force have adversely affected the position of women in the society. Women are forced to migrate to enter urban employment, in which they are easily vulnerable to exploitation and in which remuneration rates are low. They are still expected to continue support their parents, siblings and even their children.

The poor income-earning opportunities for women with low levels of education, the desire to provide substantial support for their families and a relatively tolerant attitude towards prostitution in some segments of Thai society help to ensure that some of this labour supply will be directed towards the sex industry. The demand exists in the sex industry because of the social acceptance of men buying sexual services, the inadequate disposable income of a large and growing segment of the Thai population, and the development of tourism, which tends to promote the industry.

The Office of the National Commission of Women's Affairs has initiated two innovative programmes as part of preventive and development efforts aimed at reducing the number of women and children at risk of being drawn into the sex sector. The first one is called: "The Educational Training Programme for Teachers, Parents, and Young Girls at Risk". This program is:

- offering scholarships for young girls from Northern Thailand to remain in the schools until the age of 18;
- directing girls to other occupations;
- providing sex education;
- changing attitudes of family members, many of whom push the daughters to the sex sector;
- training and providing credit to enhance income earning abilities; and
- involving teachers, monks and community leaders in helping to restore the values and rights of women and girls.

The second project is called: "Use of Mass Media to Eradicate Child Prostitution." This has multifaceted components to change public attitudes by:

- production of short films shown at prime time on three of Thailand’s most popular TV stations;
- producing radio broadcasts, posters and pamphlets; and
- organising panel discussions with prominent leaders.

Several universities and institutes are actively involved in research and counselling projects and many NGOs have initiated targeted awareness raising and advocacy programmes.

Table 3. Number of Sex Establishments, Workers and Sex Workers in Thailand, January 1997.

<table>
<thead>
<tr>
<th>Region</th>
<th>No of Sex Establishments</th>
<th>Number of Workers</th>
<th>Number of Sex Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangkok</td>
<td>1 421</td>
<td>36 473</td>
<td>26 361</td>
</tr>
<tr>
<td>North</td>
<td>1 112</td>
<td>9 054</td>
<td>4 664</td>
</tr>
<tr>
<td>Northeast</td>
<td>1 192</td>
<td>11 355</td>
<td>5 060</td>
</tr>
<tr>
<td>Central</td>
<td>2 199</td>
<td>29 844</td>
<td>17 760</td>
</tr>
<tr>
<td>South</td>
<td>1 835</td>
<td>17 536</td>
<td>11 041</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7 759</td>
<td>104 262</td>
<td>64 886</td>
</tr>
</tbody>
</table>
The largest concentration of sex establishments is in Bangkok and central regions. The Table also shows that the prostitutes accounted about 60% of their workers. The survey indicated that out of the 64,886 CSWs, 2,237 or 3.4 percent were male, and 12,607 or about 16 percent were non-Thai, mainly from Myanmar. Due to the difficulties of data collection, there could be a margin error of about 20 percent, which means that the figure could be brought the total number to some 74,000 (ILO, 1998).

**Box 5. Prostitution and AIDS: The Risk of Being a Young Tribal Woman**

A scant ten years ago, young hill tribe women in Northern Thailand began to risk their reputations in order to meet what we might term “basic human rights and needs”. The right to attend school at a level higher than primary education. The right to experience life outside the highland community. The need for a modest source of income to purchase a few consumer goods. And most importantly, the right to own and work one’s land – the right to feed oneself. The right to own one’s land was one they have always been aware of. Other rights and needs they became aware of through the expanding communications and road systems, radio and television, newspapers, and contact with other people, people from the lowlands. They were also strongly influenced by the rapidly changing socio-economic forces around them, as well as the interventions of government and international “development” projects intent on improving their quality of life.

It became a matter of adapting to a new life style which made new social and new emotional requirements. With less capacity and less right to practice traditional agriculture, they were compelled to seek new sources of cash income, They also acquired new needs and new wants…transportation with motorcycle…jeans…all this could through the new cash economy…

(Source: Judy Montreevat and Margaret Ponsakunpaisan, 1997)

The above Box 5. provides an introduction to a survey by the Department of Public Welfare and the Tribal research Institute of 225 hill tribe villages in Northern Thailand. The description of the situation of young tribal women’s “dreams” in Northern Thailand is illustrative of many other highland villages in the GMS region countries. More than one out of three of these women seeking economic opportunities themselves, are lured or trafficked or sold by parents for “employment” and ended up in various occupations as prostitutes (the more popular term of reference being “service girls” or “service women”), with another 9.3% working a waitresses. Of the total of 1,683 women covered by the survey, 62.5% were 18-25 years of age, with another 24.4% 17 years or less. The tribes with highest representation were: Lahu (36.6%), Mien (18.7%); Akha (16.4%); and Lisu (9.8%). Even 45 (7.4%) of these “service girls” had gone to work overseas. There were about 200 tribal women working as prostitutes in Chiang Mai City alone (1993). Today – in 1999 - the figures have multiplied.

In 1991, the Health Project for Tribal People was established in response to the need for tribal-relevant AIDS materials. Previously AIDS information was developed to the urban people with a good knowledge of Thai-language and activities were conducted by people from outside the tribal community with little understanding of the culture. The activities of the project in 500 villages with a staff of 3 for each tribe have been carried out. While the geographical scope of the project severely taxes the staff, they consider themselves 89% effective in reaching people through their chiefly written and oral methods. The question – why are there so many hill tribe prostitutes now? - is a serious one for development practitioners. Some of the reasons include:

- Increasing lack of agricultural land and the right to farm it;
- Tribal people have new needs and new desires which cannot be met with traditional ways;
- Employment outside the village including prostitution, is economically enticing;
- Lack of Thai language skills and formal education make much easier to trick the tribal girls and women;
- Socio-economic changes that surround the highlands have influence as greater dependence on cash economy has become a reality.
6. Drugs and Trafficking

Drug Problems in the Northern Region – Chiang Rai and Payao Districts- have been well documented and publicised in the local and international media. Recently, however, new trends are emerging and there is a shift from the traditional drugs to "modern" ones. According to the Northern Narcotics Control Centre (NNCC) "speed-pill"-precursors are increasingly smuggled from Myanmar and Laos across the Northern borders to the Thai market. The intelligence agencies discovered (in December 1998) at least 22 amphetamine production plants across the boarder and at least 12 in Thailand.

The narcotic problems are most severe in the urban and sub-urban areas, where increasing numbers of children are addicted using and selling narcotics, such as "Ya-Ba" pills (LSD and amphetamines). Drug abuse has also become a labour problem as the employers in industrial estates and agricultural enterprises give these pills to the labourers as "boosters" and "energisers". As it is public knowledge that powerful "masterminds" are behind the actions, it is very difficult to interfere. Particularly, it has been reported that young women have committed suicides, trafficking in child labour has increased, and more and more children are born with the HIV/AIDS for drug addicted parents.

Regarding trafficking, poverty is the strongest factor in pushing girls and women to seek economic opportunities and making them vulnerable to traffickers with promises of good job and better life. The international trafficking of women and children for prostitution is becoming an increasing problem in Thailand. Estimates for 1996 indicate that at least 10,000 women and girls from neighbouring countries were lured into commercial sex establishments in Thailand (UNICEF, 1998). Places of origin were girls from the rural villages in the North of Thailand to boarder areas of Thailand, Myanmar, Southern China, Laos and Cambodia.

The financial insecurity and instability contribute to the problem of trafficking. A further economic factor is the rapid change of economic ideology to a free market system. The resulting materialism seems to influence the commodification of everything, including girls and women. The following Boxes include direct quotations from the UNICEF's publication: "Children and Their Families; Changing Thai Society".

Box 6. Causes for Sexual Exploitation and Trafficking - Thailand

A combination of factors lead to prostitution and child prostitution in particular. Prostitution is generally accepted as a sexual outlet for men in Thailand, both premarital and extramarital. Traditional Thai gender norms persist between men and women which leads to double standard. I societal terms, proper males are expected to be sexually virile, proper females should be docile and repressed in their sexuality. This leads to the right of males to sexual servicing outside of the household, promiscuity, and permissive premarital sex. All the prevalent in Thai society and some of the main causes fuelling the demand for prostitution. This phenomenon of "sexual networking" moreover, also has dire implications for the HIV/AIDS crisis. In almost 80 percent of reported HIV/AIDS cases the disease was transmitted through sexual networking, usually from female commercial sex workers to their clients and then to the latter’s wives or girlfriends. The degree to which the sexually exploited children are participants in and affected by this situation is not known. Also in the demand side, children are recruited into the commercial sex industry because clients increasingly favour youth due to the erroneous belief that younger children (and now foreign girls) are less likely to be HIV positive.

Source: UNICEF, 1998

Box 7. Villages in the North - Prey to "Employment Agencies"

... Young girls and women enter the commercial sex industry in response to poverty an/or to a growing consumerism in the country. Villages in the North (many of ethnic minorities such as hill tribes) and the Northeast of Thailand have increasingly fallen prey to "employment agencies" who visit communities and offer to pay the parents the equivalent of a year's salary in return to their children’s services. Children that enter service jobs such a working in restaurants and massage parlours are at high risk of being forced into prostitution...

... In several areas of the North, this has produced almost a "norm" of sending, encouraging or allowing daughters to enter commercial sex work...

... A new trend is thought to be emerging, one where Thai women are entering the sexual service
Regarding the situation in the Mae Kok area of Northern Thailand, where the RETA Project (Phase II and III) will focus its interventions and develop its proposals for future ADB financing, it is critical that socio-economic and gender analyses are systematically carried out from the planning stage. They need to be mainstreamed in all policies and project planning interventions in all sectors and types of projects, were they for transport and road construction, tourism development, or energy sector, which require resettlement considerations. Therefore these pieces of information are included to bring about awareness – to eradicate "gender blindness" and non-sensitivities regarding human capital development questions including women’s and children’s human rights equally just development interventions.

7. Food Security and Hilltribes in the Boarder Areas

Some of the emerging trends in the rural development agenda need a special attention. For example, in Thailand, the role of women in agricultural labour is remarkable, about 60%. Regarding land ownership and land titling, special attention needs to be paid to the changing ownership patterns that have taken place during recent years. Traditionally, in the Northern Thailand, land is inherited through the matrilineal lineage system, and women are mostly both de facto and de jure household managers even if men are seemingly the leaders. However, land is increasingly registered in the name of "head of household", which means the shift into the hands of men.

Another economic issue is the recent and continuing shift of labour from industry back to agriculture, and increasingly limited land has to be shared by many more in need. This provides a new challenge for agricultural and rural development policies and planning, as activities must be developed and programs revitalised further to provide for the increasing masses of people moving to the countryside.

Furthermore, Thailand’s specific problem is that farm labour requirements are very seasonal. In order to make a better profit from the farm produce, new farm-level processing techniques need to be developed in order to have more value for products inside the "farm gate". This would provide new income opportunities also for women and family members, who could work on the farm.

The Thai banking sector has also been brought into the picture, as they do not have money to give loans to the rural people. Therefore, special financial institutions need to be developed and built to support farmers directly. People have to be educated about the concepts of money and financial household resource management at household level.

The Multiple Cropping Centre of the Chiang Mai University has carried out a research project on "Women’s Role in Dairy Farming", covering also "Time and Task Allocation, Co-operatives and Training Needs". New studies include: "Community Economics", which will analyse women’s role in community businesses, co-operatives, and other enterprising. Also Forest research on "Private Forests’ Management and Use", and "Forest Ownership Concepts" are in the pipeline, as people have a very limited understanding of forests and natural resources management.

Recent socio-economic and political changes have brought to the hill tribe people roads, new cash crops as and alternative to opium poppy cultivation, schools and primary health facilities. They are experiencing a drastic socio-economic pressures, particularly in terms of increased demand for material goods. The traditional subsistence farming system is also facing a dramatic resource scarcity as there are Government programs to prevent new settlements in forests and to decrease opium production. People are in the middle of transition.

In terms of survival strategies and studies of the hill tribes in the boarder areas of Myanmar, Lao and Cambodia, they are often missed in the national surveillance systems. Their food security is threatened as Northern hill-people are the most at-risk group for malnutrition in the nation. Government data from 1995, based on a survey of only 340 villages and 33,292 children under-five, reported the combined rate of Protein Calorie Malnutrition (PEM) to be 23.24%, almost twice as high as the average for the general population and higher than that of the worst-off North-eastern region. Regionally the hilltribe population of the Central
Thailand had a combined rate of 9.49%, for the Northern region the rate was 26.58 percent, while the North-eastern region has an alarmingly high rate of 35.36 percent.

The highest rate of third-degree malnutrition for the nation was among hilltribes of the Northern Thailand. Without doubt, this survey underestimated the actual situation considering that the hilltribe population in Thailand contains almost million people and is known for its large family size.

The underlying cause of the pockets of malnutrition among the disadvantaged groups include limited breast feeding, inadequate health service coverage household food insecurity (especially on a seasonal basis), traditional food beliefs and restrictions as well as unsanitary environmental conditions that promote parasitism and infectious diseases (UNICEF, 1998).

Thus there is much "food for thought" for the development project planners of the RETA 5771 regarding the multisectoral question of household food insecurity.

8. Policy and Planning Focus in Highland Rural Development

In order to achieve equitable development and social justice through sustainable economic growth, human resource development and sustainable use of the country's natural resources, policy-makers and planners need to:

- collect gender-desegregated local data and formulate gender-sensitive policies and plans based on needs assessment of various ethnic groups on the villages and communities of the project area;
- train field staff in gender sensitive and participatory planning and programme implementation and include persons from the local ethnic groups in the working teams;
- acknowledge women as farmers, instead as merely wives of male farmers and to develop extension systems and networks to reach both women and men farmers;
- identify and respond to agricultural and household technology needs, in close collaboration with tribal grassroots workers;
- support marketing activities, by providing local marketing information, improving transportation and storage facilities, improving processing and packaging techniques and provision of credit;
- enhance adult education to increase literacy in local languages in order to understand and adopt new technologies;
- provide legal education and support training of paralegal to inform women in order to improve their access to and control over resources;
- pay systematic attention to nutrition and primary health care issues of the population including HIV/AIDS, drug prevention, rehabilitation and other social concerns such as cross-boarder trafficking.

9. Closing Note and Appreciation

This Summary Country Report summarises in varying details some of the key points discussed with the informants not only on gender issues but several other social concerns and dimensions. The information reported is a mix, which can be used as a learning reference by he readers about the wide variety of gender issues. It provides background information for prioritising activity areas and working on the feasibility studies during Phase II, and when developing project ideas and approaches for Phase III.

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