INTRODUCTION

Thailand, rich in its culture and heritage, endowed with natural resources, is a fast developing nation. It has been witnessing rapid change in its infrastructural growth which is characterised by the invasion of modern amenities like internet, access to television and so on. It has also added to the growing aspiration of urban and rural people who want to become rich and acquire assets for their comfortable living and enjoyment of modern facilities introduced by western civilisation. While there have been many developments in Thailand, this trend has also brought in many miseries. As known to the world hither-to-fore, the social abuses which were not conspicuous and conventional, have now assumed serious dimensions. The modern day malpractices have stormed the teenager in particular. The main problems which the nation is facing today are the spread of HIV/AIDS and Drug Abuse, which have “disadvantaged” the children to a great extent.

These problems are to be tackled on war footing as the toll being taken is alarmingly high and youth who become vulnerable for various reasons are falling prey to this menace easily. Such youth, although realise their mistakes at a later stage and want to become free from the torment, are not in a position to do so. It is felt that systematically educating such Disadvantaged Children through specially structured programmes is very essential to achieve the desired goal.

Therefore there is a necessity to study in depth the genesis, the need to conceptualise the education system, devise the tools, train the staff and then finally assess the improvements made.

A sincere attempt towards the realisation of this is “A Study of Educational Intervention for Disadvantaged Children in Thailand”
CHAPTER I

THE BACKGROUND

It has been observed that the recent economic growth in the Asian cities indicates that there is a breakdown of the traditional support systems like the family, because of rapid urbanization and modernization. To cope with the societal requirements, the poor families are compelled to send their children to work. This problem becomes acute in families with large number of children as the financial burden is unbearable. It is this battle for survival that affects them in every way. Any measure taken to penalize the parents of such children often results in further abuse and oppression of people who are already neglected by the state and the society. Due to increasing globalization, the situation of young people in the world today is worsening especially in the Third World Countries. The fast growing population is a major problem of such countries.

It is confirmed by Laura Sedlock (2000: 1) that “more than 500 million children in 10-14 years age group are living in the developing countries”. In the world there are “2,179,150,000 children below 18 years and in South Asia alone there are 585 million. Every year about 11 billion children under five years die of diseases that could be easily prevented. About 120 million, over half of them girls, are not even enrolled in primary schools. 83 million of these illiterate children live in South and West Asia and 14 million in East Asia. One third of all children and one half in Africa do not complete 5 years of primary school, the minimum length of education needed to achieve basic literacy. More than 140 million young people of 15-24 years age group, enter adulthood as illiterates” as reported by UNICEF (2004: 2) and UNICEF (2005).

In addition, as reported by WHO (2003: 3) “young women are generally Disadvantaged due to gender disparities in terms of food intake, access to health care, education etc”. The disparities become evident right from the birth and by the time they attain adolescence, many girls are grossly underweight compared to
their counterparts in the rest of the world. Also the differences are most marked among girls in the “15-19 and 20-24 year age groups”. It is a never ending struggle for livelihood that forces the children to struggle in every way they can. Imposition of drastic measures on parents and guardians will only complicate the problem instead of providing a solution. Such children struggle hard to get the most essential requirements to meet their basic needs of life and need special attention and Educational Intervention to get them to normalcy.

These Disadvantaged Children are generally malnourished and often anemic. Many of them are physically stunted and suffer psychological infirmities because of undue family pressures and abuses and consequent neglect at home. They tend to develop “low self-esteem on account of broken families, single parent households due to the death of a parent or separation, labour migration of one of the parents and so on. They live in slums and squatter communities under sub-human conditions and are susceptible to crime syndicates, gang conflicts, substance/Drug Abuse and gambling” as said by Niphot Thianwiharn (2007).

1.1 ECONOMIC, EDUCATIONAL AND SOCIETAL CHANGES IN THAILAND

Many countries in the region are rapidly industrializing and are experiencing high rates of economic growth. The universal spread of the market economy has facilitated globalization of trade, investment and economic relationships. Thai economy has undergone a change in late 1980s and early/mid 1990s. The industrial sector has contributed 25.6 percent to GNP, while contribution of agriculture sector has fallen to 15.1 percent of GNP by Bangkok Post (1998). Due to expansion of the industrial sector, the demand for labour is increased and has resulted in migration of labour force from rural areas to the industrialized urban areas. The cheap and unskilled immigrant labour force has found jobs in metropolitan areas especially in the industries.

Industrialization and urbanization have been associated with adverse sociological and cultural effects on Thai families. As the materialistic development has become important in the new society, making a living has
become highly competitive and often deprives children of the parental care required for their healthy and normal growth. The society is highly susceptible to foreign culture which appears very attractive to young minds. Due to lack of social mechanisms to sieve out what is unwanted or to inculcate ability in the children to differentiate and make prudent judgments, the children fall prey to the changed culture and their effects.

An overview of the socio-economic change and how it affected the problems of children caught up in family problems, suggests their knowledge towards educational, social, economic and political problems. The children of affected families are emotionally disturbed and are often adrift as wanderers and delinquents with pervasive behaviour such as loitering, gambling, drug addiction, crime, truancy, prostitution, begging etc.

Consequence of this adverse behaviour has become more conspicuous with cases of illegal pregnancy, baby abandonment and HIV/AIDS which have become rampant.

1.1.1 Education System

Nowadays, schooling system for the children has become a complex process. It is the preparation for achieving an educational goal and must be accompanied by a purpose. The achievement of this goal and formulation of purpose confronts many barriers. Kasame Sakonlaphap (2006) has said that “overcoming the barriers is a problem for children and they need assistance”. Too many of them setting and achieving the goal implies changing and adjusting to new surroundings. They have to shoulder a lot of responsibilities. “What should be the basic level education?” “What should be prevention in future?” “What line should they take?” are some of the questions, which overwhelm the students today.

The real problem in the schools in Thailand is neither about the student nor about the curriculum. It is about how we are teaching the main subjects such as English, Science, Mathematics, Social Studies, Religion, Culture and other Languages. The students study in a school which starts at 8.30 am and ends at
4.30 pm. However the “students are quite unhappy about going to school and feel that wealth is the surest and the only way to happiness” said Ong-art Veerapatrasakul, (2006).

The Thai Health Promotion (2002) surveyed “634 boys and 872 girls aged between 12-18 at schools in Bangkok, Chiang Mai, Ubon Ratchathani and Songkhla. The Survey has revealed that more than 42% of the students are unhappy with school while about 15% are dissatisfied with their friends and 13% with their families. For about 14%, wealth was their highest priority in finding happiness, while only 11% gave more importance to family unity. Only 10% put intelligence and good marks at school on the top of their list”.

However, Kanokkorn Phruksakit (2003) has said that “the relationship between students and academic advisers in institutions of higher education have become more impersonal”. They meet only at the beginning of a new semester. While Nichet Sunthornpitak (2003) has said that “the poor relationship between Thai teachers and students has caused a surge of aggressive behaviour among students that has become very prominent and detrimental”.

1.1.2 Thai family

In a developing country like Thailand, a large percentage of population live below the poverty line and children from such environment face difficulties in getting access to good education. It is also reported that, “due to poverty caused by the economic crisis and wide spread use of narcotics and drugs by adolescents in the 15-24 years age groups, the family bond has deteriorated and domestic violence has increased”. In addition, “improper care of children, increased rate of divorces, mental and physical health issues among the young also have caused serious problems”. AIDS is another big problem that has given rise to orphans and neglected children and also those children who live on their own. “The emerging important issues that affect the well being of the family are the lack of quality parenting and a stable and healthy family environment which cause the children to be exposed to social hazards and fall prey to exploitation, violence and crime” as reported by Thai NGO, (2005: 5-10).
Thai family is still the primary care taker during the early childhood and many adhere to the age-old traditions and local parenting practices. Thus, indigenous Thai culture is firmly embedded in the socialization processes of people. As a nation, Thai has been able to retain its cultural identity. So, even though the elite and their children have been freely exposed to western foreign cultures, either within the region or through travel or in the pursuit of higher education abroad, they have retained their sense of nationhood, have always learned and valued their own language.

Thai Post (2005) has reported that “Thai family is single sized this means that “55.5% Thai’s single families have become smaller, as fewer children are being born. Several family types have emerged, for instance, families with either the father or the mother who is the sole bread winner working in urban areas and families with only the mother at home”.

UNESCO (2004: 4-5) has quoted that “the Thai families do not have sufficient time to look after and provide security to their children. Economic difficulties have changed the values and lifestyles and have weakened the family ties and thus led to the disintegration of the family unit”. These factors have made the childhood of Thai children very different today.

Aphaluck Bhatiasevi (2002) has reported that “they are spending more time talking, chatting on the phone with the trendiest models of mobile phones and love hanging out with their friends at night. The drugs problem has resulted in considerable loss of Thai children identity and they are becoming increasingly violent, blaming society and their own families for their behaviour and involve in premature sex and drugs. It has also been observed that despite the affluent family background, many of the teenagers surveyed, shared common problems of loneliness, depressive tendencies and need for love. The gap between the parents and the children is becoming larger than ever before. The end result has been that children from broken families or from families which fail to inculcate moral values, because of lack of time for their children have been left to the peril of sick and violent society in Thailand”. This has been found to be the primary reason for broken homes without parents or children living with parents who can not afford
enough food, love, clothing, medical assistance, safety and a loving home environment.

1.1.3 Thai child today

In the opinion of Kasame Sakonlaphap (2006) “today, almost every Thai, rich or poor, young or old, is exposed to much that is foreign, largely because in the last two decades Thailand has become one of the most popular tourist destinations in the region. At times the growing economy and favorable investment opportunities have also attracted many foreign multinationals, which continue to add to the fairly large expatriate community”. However, despite the intensity of their exposure to foreign influences, particularly western cultures and lifestyles, Thai culture remains a solid influence within family life and during the early childhood. Right from their birth, the Thai children are deeply immersed in their culture than they are exposed to foreign influences despite the fast-paced changes that have been affecting the Thai children.

It has also been reported by Thai NGO (2005: 5-10) that “because of the breakdown of social values and knowledge systems, changes have been inevitable in family function, roles and perception of women, livelihood structures and labour force demands. Such conditions are making it harder for families to remain intact. These have an adverse effect on primary responsibilities of parents in the upbringing and development of their children. In response, parents are actively seeking alternative options for caring the children. Children are often left with elderly grandparents or in the care of non-family institutions. Hence, related problems have increased and are being seen in youth-at-risk and perhaps youth becoming less effective parents of the next generation”.

Sompong Jitradabsu-Angkhavatin has recently written an article entitled “Thai children on the verge of becoming thieves” which was published in Matichon on October 24, 2002. According to the writer “the children have been led to believe that these things represent their social status and are a vital part of their lives. Drugs are also common among school children; Children of 13-16 years age group have sex freely and even, become prostitutes or pimps. They learn about life from obscene cartoons, underground internet activities, CDs and
VCDs either sold freely or at cheap prices”. Also at the same time, those who reject these ways are ostracized and cannot socialize with their peers and are looked down upon. Meanwhile, children are familiar with violence in their families and face intense competition at school with pressure added by the media. Internet and Technological advancements have only widened the gap between parents and children. “They spend only 20% of their time pursuing education and the rest exploring obscene sites with web cams, sex chat and sex phone. Use of same needles for injection of drugs by children of both sexes has led to an increase in HIV/AIDS, which has become a national issue” as reported by Thongbai Thongpao (2002).

Thus, to overcome frustration, “Thai children visit pubs and engage in sexual pleasures at a very young age and before marriage. Girls and boys more than ten years old have been forced into illegal prostitution and drugs abuse in some areas, especially in the cities of four divisions of Thailand namely, Chiangmai (Northern), KhonKhen (Northeast), Puket (Southern) and Bangkok (Central)” as reported by Tong Thum (2006).

Therefore, the children in Thailand, like their counterparts in many other countries have lost values and morals including feelings for others, become selfish, rarely show concern for the families. Some do not have families to worry about, since family values and morals have dropped so low that single parent families have become very common. The social values and morals in Thai families are tending to become like those in many other countries in the world. In such a situation, the children are destroying their careers, goals, dreams and their future as a whole.

The fight against poverty stands a good chance of success only when children are freed from exploitation, violence, neglect and abuse. Unfortunately, there is no quick-fix solution. The children cannot be immunized against abuse. Whatever be the situation, the children must be assured of an environment in which they can heal their physical and mental scars in a way that is as natural as possible. The schools can make a beginning by ensuring that children live in a strong protective environment and they acquire knowledge, develop positive
thinking, socially acceptable behaviour and adjustment so that they can face life with confidence.

### 1.1.4 Thai Disadvantaged Children

**Who are the Disadvantaged Children?** According to Elisabetta Cavagna, (2006) the “Disadvantaged Children as children in 0-18 year age group who are orphaned, neglected, children not staying with family, children of hill tribes and children of poor families”.

According to Carlo Luzzi (2006) the “Disadvantaged Children are those who may have lost one or both parents: who are alone, solitary, abandoned, cast-off, forsaken, lost, disregarded, ignored and neglected”.

According to UNICEF (2004: 2) report the number and characteristics of the Disadvantaged Children varies from one country to another. The Working Children's Report has stated that “the estimate of the Disadvantaged Children who are staying in the orphanages varies, but there are approximately 13 million orphans, with the majority of them living in sub-Saharan Africa, about 150 million children in developing countries suffering from malnutrition, some 246 million children working often in abusive conditions. The sexual abuse, prostitution, sale and trafficking of children continue on a massive global scale. Recruitment of child soldiers and wartime targeting of children have worsened. At the root of all these problems are barriers such as poverty, debt burdens and misuse of resources, armed conflicts and the terrible effects of HIV/AIDS”.

Many Thai homes described as “broken homes” as depicted in Table 2, speak of the orphans who live with their stepfathers or stepmothers and those who do not stay with family.

There are children who run away from home and earn a living. Perhaps some parents are too preoccupied with earning food, clothing, medicine, safety and shelter thereby not caring to attend to their children. For various reasons, parents have not had the pleasure of a stable family with a loving homely environment in which to develop their children. See Table 1 below:
Table 1: Thai Disadvantaged Children below 15 years: a target of society in 1999:

<table>
<thead>
<tr>
<th>Children not staying with family</th>
<th>1,998,190</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orphans</td>
<td>287,936</td>
</tr>
<tr>
<td>Fatherless</td>
<td>178,670</td>
</tr>
<tr>
<td>Motherless</td>
<td>70,821</td>
</tr>
<tr>
<td>Neglected</td>
<td>202,011</td>
</tr>
<tr>
<td>Children who have run away from homes</td>
<td>66,095</td>
</tr>
<tr>
<td>Workers</td>
<td>287,764</td>
</tr>
</tbody>
</table>

Source: Department of Social Development and Welfare (1999)

In Table 1 above, the Department of Social Development and Welfare in Thailand, speaks of the statistics of Thai Disadvantaged Children below 15 years in the year 1999, where we find larger number of children not staying with their families (1,998,190), while there are 287,936 children who are orphans and form major portion. This table also speaks of the neglected children, with single parent, fatherless who form major portion of the Disadvantaged Children.

There is many the Disadvantaged Children of both sexes addicted to drugs. Some of them are those whose father or mother or both have contracted HIV/AIDS, addicted to drugs or dead. There are many children whose mothers have run away, some children stay with elderly grandmothers who are too old to take proper care of them and some are children who live in a small hut in the forest without parents. Some are rescued from dying mothers, fathers, grandmothers or relatives. Some children have run away from home. There are some who are at-risk and in need of special protection, while some are engaged in prostitution.

Conversely, there are the Disadvantaged Children who find the loving environment of the project, a welcome contrast to the horrible abuse they faced at home. These include children who were trafficked into Thailand from neighboring countries and forced to beg or have lost their parents in the Tsunami on 25 December 2004.

Moreover the report shows that in 2005, “the orphans featured here have come to live in Orphanages in Thailand, as confirmed by the East Asia and Pacific Regional (2006: 1-2). It has been estimated that 24,662 children are living with
HIV/AIDS, 3,006 with new HIV infection”. “In 2006, an estimated 45% of people who inject drugs attending treatment clinics have been found to be HIV-positive”. Also, “the largest group was paternal orphans, followed by maternal orphans and by double orphans”. It was estimated that in “2005 there were 320,000 orphans who lost fathers, 84,000 orphans who have lost mothers and 30,000 orphans who lost both fathers and mothers”.

1.1.5 Special Education for the Disadvantaged Children

“Education is the most powerful weapon you can use to change the world. It is also a weapon that the world cannot do without in the fight against HIV/AIDS. Education saves lives and ignorance is lethal” –Nelson Mandela–

The schools are the second home for the Disadvantaged Children. Thus the schools assume the role of a large family, for successful and effective functioning of which everybody has to contribute and follow the rules. The elders have to take care of the younger ones. The young people have to learn how to be self-reliant.

Many the Disadvantaged Children are ill behaved and they are not very receptive and responsive. Many children carry problems of their homes resulting from the lack of cordial relationship between guardians. In the orphanages, the principals and teachers deal with such kind of problems. Some of the orphanages have to work out a solution on how to help the Disadvantaged Children and solve the problems between them and guardians. The Disadvantaged Children have to study at the schools as it is compulsory education. Many children are able to adjust in the first year of the education while there are some who do not adjust to the system in the school, the education system, friends and teachers and some do not catch up at all. It has been observed that some children have short concentration spans for whom learning is difficult. The strength in the classes is often too big for them to get individual attention they need.

Education in Thailand speaks of the Disadvantaged Children who are malnourished and children who are with the parents. There are 1,261,387 such children of which boys form the major portion.
Table 2: Type of Disadvantaged Students in Academic Institutions 2003

<table>
<thead>
<tr>
<th>Disadvantaged students</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Children forced to enter the labour market</td>
<td>426</td>
<td>407</td>
<td>833</td>
</tr>
<tr>
<td>2. Children who are sex workers</td>
<td>200</td>
<td>176</td>
<td>376</td>
</tr>
<tr>
<td>3. Deserted Children</td>
<td>23,833</td>
<td>20,033</td>
<td>43,866</td>
</tr>
<tr>
<td>4. Children in the Observation and Protection Centers</td>
<td>224</td>
<td>159</td>
<td>383</td>
</tr>
<tr>
<td>5. Street Children</td>
<td>742</td>
<td>613</td>
<td>1,355</td>
</tr>
<tr>
<td>6. Children affected by HIV/AIDS</td>
<td>9,468</td>
<td>8,733</td>
<td>18,201</td>
</tr>
<tr>
<td>7. Children of the Minorities</td>
<td>17,440</td>
<td>16,281</td>
<td>33,721</td>
</tr>
<tr>
<td>8. Physically-abused children</td>
<td>1,389</td>
<td>1,253</td>
<td>2,642</td>
</tr>
<tr>
<td>9. Impoverished children</td>
<td>654,540</td>
<td>606,847</td>
<td>1,261,387</td>
</tr>
<tr>
<td>10. Children affected by narcotic drugs</td>
<td>6,170</td>
<td>5,402</td>
<td>11,572</td>
</tr>
<tr>
<td>11. Others</td>
<td>1,968</td>
<td>1,662</td>
<td>3,630</td>
</tr>
<tr>
<td>Total</td>
<td>716,400</td>
<td>661,566</td>
<td>1,377,966</td>
</tr>
</tbody>
</table>

Source: Ministry of Education (2004: 154)

Table 2 also talks of the Deserted Children who form a sizable figure (43,866). An alarming number of children are found affected by HIV/AIDS as per the above table in 2004, with social issues that need to be addressed at a higher forum. Also, table 1 and 2 show that, the Disadvantaged Children in Thailand should be taken care of by the Thai family without putting much pressure on the children. The above statistics is alarming indeed. There is a great scope for the researcher to study further and come up with strategies to help the Disadvantaged Children lead a better life. Only then a society free of all ills can be built.

1.2 ORPHANAGES CHILDREN IN THAILAND

In Thailand, the orphanages for children are run by government and non-government agencies like Teresa Aunsorn Foundation, Young People Develop (YPD), and foundation for Better Life of Children (FBLC), Mercy Home, Teacher Chantana Rangsome, Child Help Foundation (CHF), The Child Protect and Develop Central, Eastern Child Welfare Protection Home and Happy Home:

**Why Thai children stay in Orphanages?** The pressure on the families inevitably makes their mark on the children. Many homes belong to the category that is described as “broken homes”. Many Children may live with casual stepfathers or stepmothers who do not care for them. Perhaps some parents are too preoccupied with earning enough for food, clothing, medicines, safety and shelter, depriving the children of the care and attention they need. For various reasons, they do not have the comforts of a stable, loving home environment in which they could develop. Some parents abandon the children at the orphanages. They also
suffer from great risk of contracting HIV/AIDS and some are at the risk of neglect and crime. Many children from ethnic minorities are found abandoned in the jungle. There are many children who have faced sexual abuse by relatives, guardians and friends, even father or stepfather and some have succumbed to the use of addictive substances, while some others have been exploited for labour.

In addition to addiction problems, there are younger children of both sexes whose father or mother have contracted HIV/AIDS and died, mothers of some children have run away deserting the children and a few children stay with elderly grandmothers who are too old to take care of them properly. There are many children who live in small huts in the forest without parents or anyone to care for them. Many are rescued from dying mothers, fathers and grandmothers. Many children and young people have run away from home. Also there are many who are in need of special protection. Some children unfortunately enter into prostitution. There are many young children who find the loving environment of the orphanages, a welcome contrast to the horrible abuse they have faced at home. These include children who were trafficked into Thailand from neighboring countries and forced to beg, or have lost their parents in the Tsunami on 25 December 2004.

Many of them are found begging for food in their villages, while some are badly injured by violent parents or relatives and are sent to the orphanages by the authorities. Many of them are living and working on the streets, deserted buildings, overpasses, markets, shopping centers, temples and footpaths. Those living on the streets are left unprotected against violence and exploitation. Children in the care of orphanages are ostensibly protected from the most obvious abuses and segregated from one another according to age, sex and from other people in their communities. This is likely to hamper the development of vital social skills as well as community support and interaction. The children suffer from a sense of alienation often due to the combination of Social and Commercial pressures. The strong can hold out if they have parents or teachers or relatives who can show them, guide them and help them to value themselves as people. But all children are not strong and not all parents, teachers and relatives can give them what they need. They could find a helping hand at schools, perhaps, if they went
to schools or institutes. What they do find, in many cases, is relief from the ugliness of their world, by way of getting addicted to thinners and other addictive substances such as drugs.

The fight against poverty stands a good chance to win, only when children are freed from exploitation, violence, neglect and abuse. Unfortunately there is no quick-fix solution. The children cannot be immunized against abuse. But there is something that can be done. Whatever their situation, the children must be assured of an environment in which they can heal the scars on their body and mind. In the orphanages, children are assured of a strong protective environment where they could regain the confidence to face the challenges in future.

**What are Thai children doing in the Orphanages?** New Life for boys and girls: The first thing an orphanage does, after consultation with the children, their grandmothers, families, guardians or relatives and sometimes with the police or authorities, is to take away the children far from the streets, markets, shopping centers, overpasses, temples, transport stations, deserted buildings, villages and slum environment. This action is not permanent but long enough for them to develop new ways of life. An orphanage looks after the children like a second home. At the orphanage, there are social workers who become the surrogate mothers or fathers of the children, for life. They encourage the children with very few resources, to develop an entrepreneurial spirit and to come up with ideas. The social workers try to develop the children with the strength, to believe that what they hope for will eventually happen. They help the children grow up in a natural environment.

"**Learning by doing**" is practiced at the Schools and Orphanages or in both, in an eco friendly and socially caring environment. Learning areas include organic farming, nutrition, body and soul care, culture and development, applied natural sciences, communication, international education, building and living. In organic farming, the children grow vegetables as well as do related experiments in the laboratories of the orphanage. In nutrition, the children learn the art of local cuisine. In body and soul care classes, they learn the importance of psychological and physical development, while in art they get in touch with their roots through
traditional dance and making handicrafts. The children become clearly grateful for the maternal care they long craved for.

“Learning by doing” is in a bilingual setting, as the children themselves have become bilingual. To make them feel connected to the local community, with the co-operation of the local people, farmers, teachers and officials, they live and work in the farm in a sheltered community. To expand their social network, they are often taken to museums, for visual education, to apprenticeships, to camps and to bookstores to nurture the reading habit. They learn farming and ancillary skills and learn to live, to study and to work together in a spirit of co-operation. “The social workers feel that they should help the children grow up well so that they can help other underprivileged children at a later stage” said Chiwarat Dudsanee, (2003: 13).

1.2.1 Services and Developments of the Orphanages

Mission

1. To provide welfare services and development for the needy children. The services provided are basic necessities including formal, non-formal and vocational education in accordance with each individual’s ability. After graduation, these children should be able to earn their living and reintegrate into the society.

2. To provide residential care for those who are in need of care and protection and provision of social service, rehabilitation and educational services to enable the children to be equipped with knowledge and prepare them to become qualified people in the society.

3. To protect and develop the children who have family and community problems.

4. To provide the legal aid and counseling, transitional or half way home for child delinquents.

5. To ensure the welfare, networking of government and non-government organizations and restore the rights and ameliorate the conditions of the delinquent and neglected children.

6. To assure rights and privileges to the children, through awareness programmes, seminars (Awareness campaign, Organizing Street kids, Child laborers and Lobbying for child rights) etc.
7. To cure the psychological wounds in the minds of the children through education and counseling.

8. To bring the children back to mainstream society through reformatory and rehabilitative measures.

**Admission**

The following variety of male and female will be eligible for admission in Orphanages for children.

1. The male and female aged below 18 years old.
2. The orphan children, the abandoned, the vagrants, the boys and the girls from broken families.
3. Children who are under adverse circumstances, who cannot be looked after properly by their parents or guardians.
4. The children with behavior problems
5. Children who are referred to this home by governmental and private organisations concerned.

**Provision of Service**

1. The facets of residential care are as under:

   (a) Accommodation for the girls and boys aged 0-18 years will be arranged in a cottage type of housing. Each house will have a capacity of 20-25 girls or boys.

   (b) Food and necessary commodities are sufficiently and suitably provided for the children.

   (c) Each house is staffed with *house-parents* who assume the roles of a mother-substitute for the children.

2. Health and medical care will be as under:

   (a) Adequate medical examination and immunization arrangements will be available.

   (b) Primary health care services will be available.

   (c) Adequate arrangements to send children to hospitals for medical treatment.

   (d) Children will be taught health education.

3. Educational:

   (a) The schooling will be in the premises as it is compulsory education. Special classes will be arranged for slow learners and short term training courses.
(b) Schooling outside the orphanage for the children is also arranged from kindergarten up to the University levels. Children are encouraged and supported to take up general as well as Vocational training.

4. The children who graduate after completion of formal, non-formal or vocation educational courses will be placed for jobs according to their individual capacity and aptitude.

5. Social works and Psychological services:
   (a) Social workers and psychologists will make reports on the behavior of all residents, trace their relatives, contact their parents and find out foster families for needy children in addition to recording data of new residents.
   (b) Development of children according to social work and psychology methods e.g. case work, group work, case conference and counseling etc are taken up.
   (c) The social workers or psychologists will follow-up with the residents and assess those who were discharged.

6. Recreation Activities:
   (a) Promote club activities, music, chorus, Thai classical dance, sports, painting and cooking, among children.
   (b) Organize study tours and excursions to enhance their knowledge, experience and learn to adjust themselves with others.
   (c) Serving the public like visiting residents in institutions, old people, babies, people with disabilities, the destitute and patients in hospitals, etc.
   (d) Study of the Morals and Ethics.
   (e) Special events will be arranged on Christmas eve, New Year eve, Children’s Day, Teacher’s Day, Songkran Festival, Visakha Bucha Day and Sports Day, Camping, visual education, visit to museums will be arranged.

1.2.2 History of the Orphanages for Children

The orphanages envision empowerment and welfare of the children through organizing and working with the children in the specific areas of their interests. They are effectively involved in following areas of operations:

Child Help Foundation (CHF or Ban Louk Rak)

(No. 88/111 Potisan road, Potisan 15, Ban-Nontan, Moo 3, Soi. Santipap, Ni-Muang, Muang, Khon-Khen, 40000) Child Help Foundation is a foundation
that plays the roles for the prevention, correction and rehabilitation of the children who have various problems. These children are deserted, sexually abused, tortured, disadvantaged and uneducated. The Foundation has developed the children to become capable persons and to have leadership skills and be able to help themselves as per the philosophy on assistance, “help them to be able to help themselves”. Presently, the Child Help Foundation is constructing the “Ban Louk Rak” (home for dear children) for our children to stay, join the learning process, be trained on vocational skills and leadership, have informal education with rehabilitated and strengthened behavior and be able to confidently associate with other people in society.

Objectives of Child Help Foundation

1. To help, safeguard, protect and help develop the rural and urban children and adolescents who are in difficult situations.

2. To promote, support and safeguard the children’s rights in accordance with the UN Universal Declaration on Child Rights, as well as to support/promote their education and religious belief.

3. To promote/support for the participation and the playing of roles by families, parents and communities in helping, safeguarding, protecting and developing the children and adolescents.

4. To co-ordinate and co-operate with individuals, organizations and educational institutions of both governmental and private sectors, as well as to support the study and research that would benefit the work on children, adolescents, women, the elderly and communities.

5. To promote the cultural, environmental and natural agricultural activities of children, adolescents and communities for self-sufficiency and community-strengthening.

6. To operate for the public or co-operate with other charitable organizations for public interest.

7. Not to conduct any political activity.

Foundation for the Better Life of Children (FBLC)

(100/475 Soi Kosoom Nivet, Chang Wattana Road 10, Tung Song Hong, Dong Meung, Bangkok 10210): The Foundation for the Better Life of Children (FBLC) is pioneering the creation of integrated services for abused, abandoned,
poor and neglected children in Bangkok who have been the unintended by-products of Thailand’s rapid industrialization. Its services include homes for abandoned children, health services and schools for the children of thousands of migrant workers. Wallop Tangkananurak (Khru Yui), the founder of the organization, is also a pioneer among Thai Citizens’ Social Change Organizations in terms of building a broad base of individual and small group financial and volunteer support. The aims and activities of the organization are: The Working Group on Children works to monitor and implement the Convention on the Rights of the Child, nationally in Thailand and lobby with other Governments and in the United Nations.

**Happy Home**

(Sponsored and supported by World Vision Foundation, Thailand): started working in Phuket in 2002 with the Street Children Protection Program partnering with government and other organizations. The initial project was ‘Patong Beach School’ a drop in center that provides assistance and educational support to street children even to this day. It has become a safe haven for children and adults alike.

The aim of the Patong Shelter, Phuket is to provide and help the children to escape from daily abuse, misery, give them the life skills and foundation for a better future, a better way of life, a real chance for future happiness and a safe environment and brings hope for homeless children to commence a new life away from the streets. It houses up to 30 street children between the ages of 11 – 16 in dormitory style accommodation. The home is accessible 24 hours and is equipped with modern facilities and operated by professional care takers from World Vision who are experienced in the rehabilitation and counseling of street children. The shelter offers children a happy environment to play, learn and live in safety.

**Mercy Home**

(Sponsored and supported by Human Development Foundation (HDF), Thailand, 100/11 Damrong Ratthapipat road, 70 Rai, Klongtoey, Bangkok, 10110). History: In 1976, HDF opened a home for nine street children who depended on Father Joe and Sister Maria for their survival. “Our capacity to care for such children grew with each child we took in and our reach expanded every year” recollect the founders. The Challenges: Our greatest challenge never
changes. That is, to ensure our children, who often come to us after experiencing enormous infancy and childhood deficits, are each able to be children once again on their way to leading a fulfilling family life in adulthood. **Mandate:** To provide love, care and stable home environment for abandoned, abused and orphan children in our care.

*The Care we provide:* The HDF operates five Mercy Orphanages and Shelters for children. We raise the children in the Buddhist, Catholic, Muslim faith or the faith of their parents and teach them to respect all religions. We have programs that teach our children art, computers, dance and physical education. Each Mercy Home has social workers, cooks, tutors and coaches. We send them all to school, to nurture and love these children for life. Since all our children have suffered severe loss, rejection or abuse before we found them, our first and most important effort must always be in helping to restore and rekindle the simple joys of being a child in each of them. *The Orphanages include:* Mercy 1 for boys, age 13 to 18, Mercy 2 for boys, age 6 to 12, Mercy 3 houses our young children, male and female, age 3 to 6, Mercy 4 is our home for girls, age 7 to 18, located nearby Mercy Central, Mercy 5-a safe house for children in grave danger. (We also have a special home for Mothers and Children with AIDS - detailed as a separate programme.

**The Child Protection of Eastern**

It is undertaken by the Department of Social Development and Welfare Ministry of Social Development and Human Security: 318 Sukhumvit road, Mabtapud, Muang, Rayong. Eastern Child Welfare Protection Home or Ban Huoy Pong for Youth was established on February 5, 1958 in compliance with The Training of Certain Groups of Children Act No.2 of B.E 2501 (1958). The institution has rendered services in accordance with the process and principle of social work method in order to correct children with behavioral problems.

**The Child Protect and Develop Central**

(Sponsored and supported by Father Ray Foundation, Redemptorist Center of Thailand, 440 Moo 9 Sukhumvit road, Banglamung district, Pattaya, Chonburi 20260): A Drop-in-Center for Children: The First Street Kids home is situated in the center of Pattaya, in a small house, started in 1990. The main aim of the
Center is to be a place, where children who are in need can come for help. Many children find it difficult to make the transition from a life on the streets to a life in a home with rules and expectations. The children are able to come to us for a meal, they can get a shower and clean clothes and they can sleep during the day and can even watch TV and use the computers. We hope the children who visit us will decide that the life we can offer them is better than the life they now have on the streets. There is no set age when a child must leave. If, however, they want to go on to college, we will pay for them to complete their education. Otherwise we will try to get the child return to their families, or if this is not possible we will help them to find a place to live and a decent job.

**Teacher Chantana Rangsome**

(Undertaken by the Office of the Non-Formal education Khon-Khen, Ministry of Education). The main task of Teacher Chantana Rangsome is to provide and support the services of non-formal and informal education to promote lifelong learning among the out-of-school target for Street Children at Khon Khen in Thailand. To make the Street Children at Khon Khen obtain lifelong learning continuously with systematic learning process that truly enable them to search for knowledge and to apply it in their real life. Meanwhile, Teacher Chantana also extends its services to those underprivileged who lack the opportunity in basic education. These services are provided in the forms of Non-Formal and In-Formal Education, which are mostly appropriate to each particular target group.

**Teresa Aunsorn Foundation**

(Sponsored and supported by Sister Maria Bambina Charity and Nuchanat Anusorn School, Thailand): 135 Moo 13, Pagniu, Wiang PaPao and Chiang Rai 57170. The aim of Teresa Aunsorn Foundation (Ban Teresa) is to provide children a new life. It houses up to 100 children 6-15 years age group. It provides a home to the children from hill tribe families (Akha, Karen, Lahu (Musor), Lisu and Mon hill tribe), who are unable to pay for the school meals and supplies. They are provided with vocational training, moral teaching and higher learning in northern Thailand.
Young People Develop (YPD)

(Sponsored and supported by The Cultures of Community Foundation, Thailand): 106 Moo 19 Santonmuagti Villages, sub-district Sanpuluie and district Doisaket, Ching Mai Province 50220. The Director has explored the “People's Paradigm of Life, Truth and Values” of the Cultures of Community Foundation and its involvement with the indigenous people who practice cosmic/traditional religions. It has organized in collaboration with the hill tribe people and is running a retreat house in northern Thailand. The efforts made by the people and staff to understand better, the cultures of different Tribes, seeking at the same time to suggest paths and directions for evangelizations. The task is not a simple one. It is also necessary to tackle the problem of a continual exodus of young people who choose to leave mountain village life for the cities, attracted by modernity and an easier life style. To vividly portray the holistic approach to balanced relationships with good people and nature, he has illustrated his experience with the "parable of self-sacrificing rice." By entering deeply into the indigenous perspective (e.g. the Karen people), he endeavors to build up a network of human communities. This approach enables the people to face problems associated with secularization-globalization by developing “social space together”.

1.2.3 Need for Educational Intervention for Thai Disadvantaged Children

In Thailand, there are warning signs that the Disadvantaged Children are at increasing risk of HIV infection. According to the UNAIDS (2004: 2-4) “HIV/AIDS is a serious problem. There were 570,000 HIV/AIDS cases in Thailand, in 15 to 49 years age group. The disease has decreased to an estimated 1.5% in that age group (or about 1.8% of the total population in Thailand)”. In 2005, it was estimated by East Asia and Pacific Region (2006: 2) that “24,662 children are suffering from AIDS, 3,006 have been found HIV positive and 2,697 new AIDS cases” have been found. As per the report of East Asia and the Pacific and the World Bank (2004: 4-5) “the number of children of both sexes engaged in prostitution is 64,865,523 with 32,151,697 boys and 32,713,826 girls. It is difficult to estimate the number of women and child prostitutes. The trafficking in women and children forced into prostitution and labour are serious problems. It is approximately estimated that 200,000 women and children are engaged in
prostitution as part of Thailand’s illegal sex tourism industry. There are 30,000 to 40,000 children in 18 years age group who are victims of prostitution”.

The UNICEF (2004) has estimated the number of “Thai children involved in prostitution to be between 60,000 and 200,000”. ECPAT has reported that “many NGOs have estimated this number to be in hundreds of thousands and the majority of prostitutes come from northern Thailand. Especially women and children from tribal groups succumb to the pressure of prostitution in an attempt to feel more valuable and accepted”.

Need for Study of the Disadvantaged Children in the World a report from Global March Against (2004) said that there were “the in 10 and 17 years age group who had come from different parts of the world to attend the Children's World Congress on Child Labour on 2004 Disadvantaged Child activists, both in and out of school were involved in efforts to end child labour. They too shared their thoughts and experiences and their support to fight for children's right”.

The Congress was summed up with the Children's Declaration such as: (a) “the governments have to listen to the children”. (b) “The governments have to provide compulsory education of quality and guidance free of cost and schools have to provide qualified teachers. There should be a mechanism to supervise that teachers are doing their job well. A law to provide education to all children must be promulgated and enforced. The teachers must get better remuneration”.

But, Niphot Thianwiharn (2006) has said that “Thai Disadvantaged Children find themselves in the middle of transformation, in terms of the social, economical, cultural-traditional changes, developments in tourism and education system”. The transformation is the consequence of the economic development, which has further affected the Disadvantaged Children with increased materialistic needs and their effect on economic, social and traditional-cultural changes and changes in education system. This has degraded the relationship within the immediate and extended family and has lowered the sense of responsibility.
Therefore, many a time children are forced to work for their parents in addition to looking after their younger siblings, so to relieve their parents to work. “Parents are unaware of the procedures for enrolment in schools. Some parents do not realize and appreciate the importance/benefit of long-term education”. Some parents do not know that their Disadvantaged Children have the right to study in a basic level school. Therefore, many Thai the Disadvantaged Children do not have the uptake needed to follow the classroom teaching without support from school and teachers. “The problem of some of the Disadvantaged Children is also compounded as they do not have legal documents like birth certificate, residence permit”, etc. Carlo Luzzi (2006) has noted that normally the Disadvantaged Children have different “duties to perform ranging from watering the plants to household jobs and help the families. Some of them are unable to adjust to the system in the school, friends and teachers. Many have short concentration levels, because of which they have difficulties in comprehending. In the schools the classes have large number of students as a result individual attention cannot be paid by teachers”.

Komkrit Anamnat (2006) has said that he has been working with the Disadvantaged Children for many years and “many of them have health problems which are usually found in adults. Poor nutrition, lack of exercise and the lure of tobacco, alcohol, drug and sex have adversely affected Thai children”. To ensure better life for the children imparting health education and Reproductive Health Education has become indispensable. The “educators and teachers should impart such education which enables the Disadvantaged Children to select lifestyle choices that will help them grow into healthy adults with sound knowledge of Reproductive Health, service and skills needed with good behaviour and capability to manage chronic illness and ensure safety of their lives. The educators should also give them health education and preventive efforts corresponding to social and cultural transformations”.

The Disadvantaged Children must be provided with Special Education which forms part of the project/programme and supports as a life saving skill. The orphanages and schools can play a vital role in the prevention process by providing positive role models and opportunities for participation with effective
knowledge, attitude, adjustment and communication. Moreover, the children should also be made to learn life skills that can support in coping with problems as they arise. This special education is the most important factor for the safety of the Disadvantaged Children.

1.3 NEED, CONTEXT AND SIGNIFICANCE OF THE STUDY

Thai children and adolescents face many compelling problems. Education system and developmental challenges are prominent among them. Only with the best intention and efforts of education as a social instrument, it is possible to promote the welfare of disadvantaged population in totality. Such children must be imparted Knowledge with the Reproductive Health Education, HIV/AIDS and Drug Abuse, to develop positive Attitude towards Reproductive Health Behaviour, communication and life skills programmes.

The nature and experience of the Disadvantaged Children vary tremendously with gender, age, school levels, regions and their problems. They have experienced problems in getting proper protection, guidance to overcome personal problems, developing high self-esteem and efficiency to deal with changes. Therefore, they require proper guidance and counseling to become aware of the benefits of orphanages and families. It may not be possible to develop awareness in the expected manner through normal curricula or education. Hence, a separate Educational Intervention, which is nothing but a planned programme of educational guidance designed to meet the psychological needs of the Disadvantaged Children in 13-16 years age group, must be enforced. The period between childhood and adolescence is marked with physical and psychological changes associated with puberty and with preparation for the future roles, privileges and responsibilities.

The Disadvantaged Children are understood in different ways, with different characteristics that go with family, social and cultural behaviour. As a group, the Disadvantaged Children in the orphanages are on the rise, especially those who are victims of HIV/AIDS, teenage pregnancy, sexually abused, addicted to drugs and trafficking. Therefore, for imparting effective Educational
Intervention, it is necessary to have Knowledge of Drug Abuse, HIV/AIDS, sexually transmitted infections, sexual violence and needs of Reproductive Health Education. In this research, an attempt has been made to study the Attitude, Reproductive Health Behaviour, and Children Adjustment and Parental guidance. Attempt has also been made to find out the problems of Adjustment by the Disadvantaged Children in the Orphanages and to find out the impact of the structured Educational Intervention Programme in developing proper Knowledge, Awareness, Attitude and Adjustment towards Reproductive Health, Drugs, Sexuality and Values.

**Significance of the study**

This research is significant for identification of the Disadvantaged Children as at-risk group and for the necessity of periodic health examination, since there are over hundred thousand economically the Disadvantaged Children in Thailand. These children suffer increased risk of morbidity and mortality and may experience lifelong difficulties. Therefore during the Educational Intervention physical contact with the Disadvantaged Children and their families is inevitable. Providing opportunities for health maintenance, detection of high-risk conditions and appropriate interventions are the points in the case. Therefore, it is necessary to develop positive Attitude towards Reproductive Health Behaviour, HIV/Aids and Drug Abuse.

**Experience is the Best**

This is the true story of my own experience at the Human Development Foundation (Mercy Home) at Bangkok (Central). Recently I was working with Young People Develop at Chiang-mai (North) in Thailand. I am an Education Social Worker and my key areas of operational responsibilities were to work for child protection, co-ordination of Legal Aid, conducting socio-educational services and counseling children and their families. In addition, my responsibilities were to give protection against child abuse to underprivileged children and impart educational guidance. Above all I was deeply moved by the fact that these children and their families suffer from innumerable problems and face many difficulties.
The results of this study will be offered to the Directors, Managers, Wardens, Social Workers, Teachers, Psychologists, Health Care Takers and others in the Orphanages in Thailand. These issues must to be considered while developing and improving the Disadvantaged Children friendly programmes such as: the Knowledge and Attitude towards Reproductive Health Education and Behaviour and the Adjustment in Orphanages amongst the Disadvantaged Children in Thailand.

Hence, “A Study of Educational Intervention for Disadvantaged Children in Thailand” has been undertaken. The purpose of this study is to understand the development programme and practice of Attitude towards Reproductive Health Behaviour. The purpose is also to enhance the Knowledge regarding HIV/AIDS and drugs abuse and Reproductive Health Education and Adjustment to the Orphanages in Thailand.

1.4 STATEMENT OF THE PROBLEM

A Study of Educational Intervention:

1.4.1 Objectives of the study

(1) To study the Knowledge regarding HIV/AIDS, Drug Abuse and Reproductive Health Education amongst the Disadvantaged Children in the Orphanages in Thailand.

(2) To study the Attitude of the Disadvantaged Children towards Reproductive Health Behaviour in the Orphanages in Thailand.

(3) To study the Adjustment of the Disadvantaged Children in the Orphanages in Thailand.

(4) To study the effectiveness of Educational Intervention on knowledge, attitude and adjustment of the Disadvantaged Children in the selected Orphanages in relation to gender, education levels and age in Thailand.

(5) To suggest measures to improve the Knowledge of the Disadvantaged Children towards HIV/AIDS, Drug Abuse and Reproductive Health Education and their Attitude towards Reproductive Health Behaviour and Adjustment of the Disadvantaged Children in the Orphanages in Thailand.
1.4.2 Hypothesis of the study

The following are the hypothesis of the study:

(1) There is no significant difference between male and female in their Knowledge towards HIV/AIDS, Drug Abuse and Reproductive Health Education.

(2) There is no significant difference between male and female in their Attitude towards Reproductive Health Behaviour.

(3) There is no significant difference between male and female in their Adjustment.

(4) There is no significant difference in the Knowledge of the Disadvantaged Children towards HIV/AIDS, Drug Abuse and Reproductive Health Education in terms of the following background variables:

   (a) Age
   (b) Education level

(5) There is no significant difference in the Attitude of the Disadvantaged Children towards Reproductive Health Behaviour in terms of the following background variables:

   (a) Age
   (b) Education level

(6) There is no significant difference in the Adjustment of the Disadvantaged Children in the Orphanages in terms of the following background variables:

   (a) Age
   (b) Education level

(7) There will be significant improvement in the Knowledge of the Disadvantaged Children toward HIV/AIDS, Drug Abuse and Reproductive Health Education after the Educational Intervention programme.

(8) There will be significant improvement in the Attitude of the Disadvantaged Children towards Reproductive Health Behaviour after the Educational Intervention programme.

(9) There will be significant improvement in the Adjustment of the Disadvantaged Children after the Educational Intervention programme.

(10) There will be significant improvement in male compared to female in their Knowledge on HIV/AIDS, Drug Abuse and Reproductive Health Education,
the Attitude towards Reproductive Health Behaviour and the Adjustment in the Orphanages in Thailand.

(11) There will be significant difference in the Knowledge of the Disadvantaged Children towards HIV/AIDS, Drug Abuse and Reproductive Health Education and their Attitude towards Reproductive Health Behaviour and Adjustment before and after Educational Intervention in Thailand.

1.5 OPERATIONAL DEFINITION OF KEY TERMS

1.5.1 Educational Intervention

It is the purpose of the present study to find out the impact of a structured programme of HIV/AIDS, Drug Abuse and Reproductive Health Education on the Knowledge and the Attitude towards Reproductive Health Behaviour and Adjustment of the Disadvantaged Children in the age group of 13 to 16. A large percentage of disadvantaged group are those who have been deprived of not only basic necessities of life but also all types of opportunities to receive the required education to overcome ignorance and exploitations.

The period from 13 to 16 years, in the life of an individual is a period of changes in psychological and social maturity. The children experience upsurge of psychological changes, emotional upheavals and behavioral conduction. The Disadvantaged Children and youth with limited or no knowledge may indulge in activities detrimental to physical and mental well being. Hence, they require necessary Knowledge and skills of Reproductive Health Education, HIV/AIDS, Drug Abuse, and the Attitude towards Reproductive Health Behaviour to increase their Awareness.

An Intervention Programme to enhance knowledge of will be prepared and its impact will be studied on the Disadvantaged Children in 13-16 years age group, studying in grades 7, 8 and 9 and stay in the Orphanages in Thailand for the purpose of the present investigation. The Educational Intervention is a preventive and supplementary education designed to disseminate requisite knowledge, attitude and adjustment on various issues of Disadvantaged Children.
1.5.2 The Disadvantaged Children in Orphanages


(1) Children forced to enter the labour market

The children who are thus forced to enter the labour market have a low level of education and do not have any occupational skills. They overwork and find no time for leisure. Their employers exploit them but are reluctant to support them to acquire any qualifications. Hence their literacy level and occupational skills continue to remain very limited. In the absence of a law requiring these children to engage in compulsory schooling, they are deprived of the opportunity to learn and acquire technical skills for better livelihood.

(2) Children who are sex workers

The first and foremost assistance required by those children forced to become sex workers in numerous organizations is rehabilitation. This is augmented with occupational training with lessons in sexual morality that offers basic education and skill training on a regular basis.

(3) Deserted children

The children who have been deserted by the parents and families live on their own for a long period. There is no individual, group or institution to look after them. If this situation persists, it is not possible for such children to grow up with normal physical, mental and social development.

(4) Children in the observation and protection centers

The children who have been admitted to the observation and protection centers due to physical or sexual abuse have to be identified at the earliest and sent either to an emergency home or welfare central, or an NGO, which can provide protection, medical care and rehabilitation to bring the child back to normal life in the society.

(5) Street children

The Street children who live with or without family, hanging out individually or in groups in different places and surviving by begging, doing menial jobs and taking to petty thieving and making a living with sex as a trade need special attention.
(6) Children affected by HIV/AIDS

The children who have lost their parents due to HIV/AIDS, but have not contacted HIV/AIDS need to have someone to take care of them as they are orphans.

(7) Children of minority groups

The children, who are from Minority group, live in clusters in towns and villages of Northern, Thailand: Chiang Mai, Chiang Rai, Mae Hong Son, Tak, Nan and Central Thailand: Kanchanaburi and along the borders of entire Thailand which consists of 76 provinces. The minorities or the Hill tribes or Chao Khao are Pga Ker Yaw (Karen), Hmong, Lahu, Lisu, Mien, Akha, Lua, Htin and Khamu. These are groups with different cultures like the oceanic in the South. These groups have poor housing, health, nutrition and living conditions and have less access to roads and markets.

(8) Physically abused children

These are children who are physically abused and treated with brutality. Their health and safety are threatened. Such experiences adversely affect their physical, mental, emotional and intellectual well-being. Cases of child molestation and rape are also regarded as child maltreatment. The assistance provided to these children should be of curative, preventive and educational in nature rather than being legal. The necessity to provide schooling to this type of children as a complete package must be emphasized. It could be in the form of in-house activities when the families can support this.

(9) Impoverished children

The impoverished children are those whose annual income are less than 300,000 baht and may be eligible for government assistance.

(10) Children affected by narcotic drugs

These children get addicted to narcotic drugs by using them for pleasure, they get access to drugs by their association with drug dealers who make use of them to sell drugs and sometimes their impoverished parents force them into selling drugs to earn a living.